"Bureau" Memorandum

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DIVISION FOR HANDICAPPED CHILDREN

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Guest Editor-Alverna Robinson is a program supervisor for the mentally retarded for the Division for Handicapped Children. The first article in this issue deals with early childhood education for the exceptional child. Two other articles concentrate on older EEN students - preparing them for vocations and developing their occupational potential. Public Law 94-142 is also examined in this issue.

Guidelines for Authors

The *Bureau Memorandum* invites manuscripts directed to the common interests of special education personnel in schools. Especially welcome is stimulating writing dealing with (1) discussions of current professional and special education related materials; (2) descriptions of new techniques of innovative practices and programs; (3) research reports of interest and significance to readers. Dialogues, poems, and brief descriptions of new practices and programs will also be considered.

Manuscript Preparation

Manuscripts to be considered for publication in any issue of the *Bureau Memorandum* should:

- be submitted in duplicate (original and one clear copy)
- be typewritten (pica style), double spaced. All references, footnotes, and direct quotations should be checked carefully for accuracy.
- be accompanied by a complete identification of all authors. Include title and position, present location, and mailing address of each author.
- if appropriate, include black and white photos that have good light and dark contrast and that are at least 3" x 5."
- manuscripts should average about 1,500 words—approximately six double-spaced typewritten pages.

Manuscript Submission

- send manuscripts to Kenneth McMahon, Editor, *Bureau Memorandum,* Division for Handicapped Children, 126 Langdon Street, Madison, Wisconsin 53702.
- acknowledgement of receipt of a manuscript and notification concerning its disposition will be sent to the main author within 6 weeks of arrival. Additional time will elapse between acceptance of the article and its appearance in print.

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Early Childhood Education for the Exceptional Child—A Delivery Model

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It's the law—Chapter 115 dictates that children between the ages of 3 and 5 years must be provided with early childhood education programs if those children have exceptional educational needs (EEN). Legislation now demands that public schools provide appropriate programs for these children, but until mechanisms are developed for providing such programs, the population will remain neglected or poorly served. Public school personnel are searching for delivery models that would be appropriate for these young developmentally handicapped children. This article is an attempt to describe one possible delivery system that could be employed for this purpose. The delivery model described could be adapted for use with all individuals for whom public school programs are mandated by Chapter 115, including those from age 3 to 21 years with the components of the delivery model remaining the same but the details changing. This model is currently being implemented in Eau Claire at the Development and Training Center for a program serving developmentally delayed children under 3 years of age.

The delivery model consists of four major components (Figure 1). All four components are regarded as essential; they interact with one another to provide an efficient and effective delivery system. If any one of the components is weak or absent, the delivery model cannot function to yield maximum benefit to the children for whom programs are to be designed. These four vital components are:

1. Information dissemination—this aspect of the system is responsible for making people continually aware of the program.

2. Identification—this component of the model provides a mechanism for finding children who are suspected of having EEN and are in need of further evaluation.

3. Evaluation and program planning—after children with EEN are initially identified, this aspect of the system completes the necessary thorough assessment of each child and develops an appropriate program to meet the child's needs.

4. Intervention—this unit of the system refines and actually implements the prescribed program for a child.

Coordination is absolutely necessary. Communication lines must be open and cooperation maximized among all the individuals within each component of the system. In addition, it is crucial that there is coordination among all four components. Lack of coordination within the information dissemination component could result in ineffective inservice training, insufficient information being provided to the public, or inconsistent information being communicated about the on-going delivery model process. Breakdowns in communication between the identification and evaluation components could result in children who have been refer-

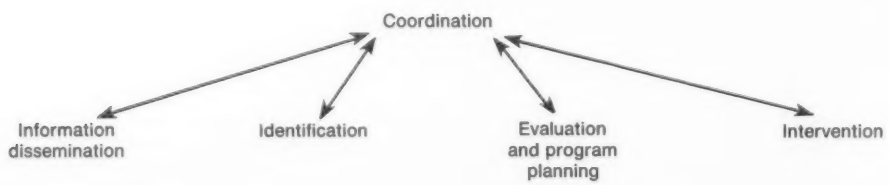

Figure 1: Early childhood education delivery model.

red not being scheduled for an evaluation within a reasonable amount of time. Ineffective coordination between identification, evaluation, and intervention can result in children being lost between components. It could also result in a lack of sufficient information being provided to personnel within one of the components for purposes of self-monitoring and improvement.

Periodic on-going staff meetings including all involved professionals facilitates smooth coordination of the entire process.

The following discussion of the components of the delivery model describes in more detail the various functions of each component and provides some specific suggestions for implementation of certain aspects of the model.

Information Dissemination

One of the first considerations when establishing an early childhood education program should revolve around information dissemination. People must be aware of the program in order for it to work. Doctors, educators, parents, county health personnel, and social service agencies must be informed that the program exists and about the nature of the program. Information dissemination is a multidimensional process, employing a variety of media and procedures. For example, newspaper articles, speeches to community groups, television and radio publicity, and inservice training for various groups of professional people may all be employed to advantage.

Information dissemination is crucial to the delivery model because it provides for educating and updating the public. Community awareness is the key to the identification process included in the model. People must understand the identification mechanisms of the system so that appropriate referrals will be made. They must be familiar with evaluation procedures as well as programming and intervention aspects of the system and must approve of these components before they can be expected to want to make such referrals.

Identification

There are two possible procedures that may be used to identify preschool children with suspected EEN so that thorough evaluation can be implemented; these two possible procedures do not appear equally attractive.

The less desirable identification procedure involves "mass screening." If mass screening is to be employed in identification, it is first necessary to locate all children in the local school district who will reach the age of 3 years during the coming academic year. Once these children are located, they are scheduled for screening tests to be administered by a team of professionals: a school psychologist, a speech and language clinician, an early childhood special education teacher, and any others who seem to be warranted. This procedure is very time consuming and expensive. Because of these practical drawbacks of the mass screening model and because the mass screening procedure results in the identification of a large number of children who do not require special programs, this procedure is rejected by the authors of this article in favor of a community referral system.

An identification procedure based on a community referral system depends upon the cooperation of those who live and work in the district. Referrals may be made by parents, teachers, or physicians; other referrals may come from county health departments or social service agencies; an existing community program for children younger than 3 years may also serve as a source of referrals. The community referral system is preferred by the authors because it is less wasteful of time and money available to the school district. Effective information dissemination is absolutely essential to successful operation of a community referral procedure. Without maximum public awareness, the community referral system will fail to identify some children in need of further evaluation. Initial identification of children with EEN becomes the shared responsibility of all members of the community when this identification process is employed. Referrals from the community members should be followed with screening by the team of professionals who then decide whether complete evaluation should be accomplished.

Evaluation and Program—Planning

After initial identification is accomplished through the community referral system and after a screening procedure by the team of professionals has confirmed the suspicion of an EEN, a complete evaluation should be carried out by a multidisciplinary team (M-team). The authors recommend that the following professionals constitute the M-team for an early childhood education program; a speech and language clinician, an early childhood special education teacher, a school psychologist, a home trainer with a background in early childhood education and/or speech and language disorders, a nurse, and a physical therapist. The parents or primary caretaker with whom the child spends the majority of his/her time should be an active, contributing, vital member of the team for a given child. One of the members of the M-team for the child should function as a case coordinator. Case coordination responsibilities should be rotated among the various members of the M-

Figure 1 - Personnel from the Development and Training Center in Eau Claire working as a team on language skills of young children.

Figure 2 - Group play activities in a center-based setting—the speech and language clinician and an early childhood special education teacher with several children.

team. The rotation of case coordination responsibilities permits everyone on the team to become familiar with those responsibilities, allows for equal distribution of those time-consuming duties, and prevents any individual team member from becoming so involved in case coordination that he/she cannot function effectively in other roles such as evaluator, program-planner, and program-implementer.

The major purposes of the evaluation and program-planning component of the model are to:

1. Establish the existence or non-existence of an EEN.

2. Describe the exact nature and degree of the EEN.

3. Recommend placement of the child in an appropriate program.

4. Suggest specific goals and objectives that the program should assist the child in meeting.

Intervention

Any effective program for a child between the ages of 3 and 5 years who has an EEN must include two integral parts: home training services and services provided by a center-based facility. The authors feel that neither home training nor a center-based program is sufficient and maximally-effective by itself. The structured center-based program is designed to prepare the child for entrance into a regular classroom, an integrated classroom situation, or special education classes. When a child has an EEN, it is not anticipated that the child will develop the behaviors required for such placement naturally, but rather that the child must be assisted in developing these behaviors by a program designed to accomplish that purpose. The center-based program alone is not enough. Home training services are also needed to achieve carryover in the home environment and to facilitate positive changes in the child's home environment. Neither of these goals will be accomplished effectively and efficiently without home training services. Both goals are vital, since the child will spend a small amount of time in the center-based facility compared with the amount of time that will be spent in the child's home environment.

The center-based program should operate 5 days a week, either during mornings or during afternoons, each session lasting 2 hours or more. The full-time staff of such a program should always include, but not necessarily be limited to, the following individuals: a speech and language clinician, an early childhood special education teacher, and well-trained aides. Other staff members should be added on a part-time or full-time basis, depending upon the needs of the children in the program. The number of staff and their training backgrounds should be dependent upon the number of children in the program and their needs. It appears to be reasonable to expect a staff composed of one early childhood special education teacher, one speech and language clinician, and one trained aide to serve ten children in morning sessions and ten children in afternoon sessions.

Children in the early childhood education program should have the opportunity to participate in both group sessions and individual sessions while attending the center-based program. Group sessions should emphasize socialization skills, self-help skills, play skills, and functional communication skills. The rationale for such group sessions is that children learn not only from the adults in their environment, but also from their peers. Group sessions should be conducted by the early childhood special education teacher and the speech and language clinician working as a team. Individual sessions should be provided for each child as well. Such individual sessions should concentrate on the child's greatest area of need. Individual sessions should be provided at least three times per week, for a minimum of 30 minutes each time. The emphasis of individual sessions would vary from child to child. For example, one child might require individual language therapy sessions, while another might require individual physical therapy sessions. If a child requires special help both in language therapy and in physical therapy, it would be possible to schedule additional individual sessions each week.

It would be the responsibility of the professional team to refine individual program plans based on the evaluation results and suggested goals and objectives developed by the M-team. Program plans should include:

a description of the child's problems, clear and specific goals and objectives for the child, and designation of specific tasks to be employed in the program for each child. Such plans should be fully developed in all areas: motor development, self-help skills, cognition, language, social-emotional development, and should be initiated in both the center-based program and the home training program. The staff works as a team in developing the program for a child to insure that all areas are interrelated. Each staff member should be aware of all of the child's problems and related aspects of the program not just in the area of the staff member's expertise. Each staff member should be capable of facilitating and willing to facilitate aspects of the program in the areas of specialization of other staff members. Coordination and cooperation is crucial in the program if the child is to receive maximum benefit from it.

The home training program should include home visits at least once a week for 1½ to 2 hours each time. Either communicative disorders or early childhood special education may serve as good background training for a home trainer. The home trainer has four major responsibilities:

1. To provide a model for the child's mother of how to conduct specific activities to facilitate learning.
2. To serve as a person from whom the mother can seek advice in regard to the child's behavioral problems.
3. To function as the liaison between the center-based program and the home.
4. To implement the individual program objectives in the home for all areas: motor development, self-help skills, cognition, language, and social-emotional development.

Summary

A four-component delivery model is described for the development and implementation of a program to serve the EEN of the child between the ages of 3 and 5 years. Components of the model include: information dissemination; identification; evaluation and program planning; and intervention. The need for coordination and cooperation of all individuals involved in the delivery model is stressed. Information dissemination is viewed as the mechanism through which community awareness of the program develops. Community referral is suggested as the major mechanism for identification of children with EEN. Evaluation and program planning by the M-team are the follow-up to identification procedures and serve as the basis for intervention appropriate to the child's needs. Intervention is viewed as the joint responsibility of all professionals involved in program implementation. It is suggested that the program include center-based and home-training aspects which are largely the responsibility of a speech and language clinician and an early childhood special education teacher. A combination of group and individual sessions is recommended for each child. Inter-relationships among the components of the delivery model are emphasized.

Education to Prepare Students with Exceptional Needs for Vocations

By Bernard E. Holler
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Time seems to be ripe for successful cooperative effort between vocational education and special education in preparing the student with exceptional needs for work in society. The average age that a person takes full-time employment is higher, while the average age one starts his vocational education is lower. This allows more time for a cooperative effort in developing occupational awareness, exploration, and preparation.

The federal Vocational Education Act mandates and provides earmarked funds for vocational education of the handicapped. Chapter 115 and more positive concepts of Individual Guided Education (IGE) and mainstreaming are no doubt promoting cooperation between vocational educators and special educators. The Special Education - Special Fields certification authorized by Wisconsin (860-864, page 16 of Certification Standards, Wisconsin Department of Public Instruction) provides one means by which vocational educators can gain competencies in working with students with exceptional educational needs (EEN). The University of Wisconsin-Eau Claire and other University of Wisconsin campuses offer this special certification.

Chapter 332, section 118.15, Wis. Stats., now provides opportunity for schools to allow students other than those in special education to participate in a school-work training program or work-study program (3). Wisconsin now has a State Advisory Committee for Career Education and one of its major roles is advising the State Joint Task Force in developing a State Plan of Career Education.

The above plus continued stress for productivity in our nation offers an opportune time to develop a cooperative effort in the education of the exceptional student. (The U.S. productivity per man-hour has dropped until recently and we are now twelfth lowest among thirteen industrial nations of the West (1).)

This re-emphasis on vocational education for the exceptional student is bringing about a re-examination of our approach. Tom Long, director of special education in CESA 14, at a recent workshop gave an example of how it might sound if we taught someone to ride a horse using the same educational approach we previously might have used to

Figure 1 - A UW-Eau Claire special education major assists a student in project SERVE in auto mechanics.

prepare a person for work-study. Mr. Long stated, "If you wanted to teach someone to ride a horse, how would you do it?

1. Would you tell him he had to learn to ride the horse in this 9 weeks or fail the course?
2. Would you say first he must learn to spell horse?
3. Should he know the names of all the breeds of horses?
4. Should he know the historic evolution of the horse?
5. How about a report of some kind on horses?
6. Would he need to know what to feed a horse?
7. Would you require that he know how to shoe the horse?
8. Would you ask that he make a bulletin board on horses?
9. How about having him read of the physiology of the horse and give an oral report?

No, we wouldn't do that. We would get the boy or girl to get in a situation where they could be assured of some success. We would pick the horse with care because we want them to succeed. We would do all we could to assure that the experiences would be successful" (2).

Project SERVE (Special Education Rehabilitation Vocational Education) at the District One Technical Institute-Eau Claire enrolls post-secondary students with special needs into the vocational technical school program. This project was initiated by Alverna Robinson, program supervisor for the mentally retarded for the Division for Handicapped Children, DPI. The project's successes are encouraging to both students and vocational educators. With supportive help from special educators, these students are achieving. Students with special needs may major in areas such as food service, auto mechanics, child care, or welding. This program also uses special education majors from UW-Eau Claire as volunteers and has an advisory committee consisting of people from the Department of Public Instruction, the public schools, Cooperative Educational Service Agency (CESA), the University of Wisconsin-Eau Claire, the Division of Vocational Rehabilitation, and the Vocational Technical Adult Education School at District I.

The interest and success of a number of workshops in the field involving both vocational educators and special educators throughout Wisconsin indicate that a cooperative effort is possible. Suggestions are coming from these workshops, projects, advisory committees, and university classes. Although the situations differ in each local school, many of the following findings and suggestions may have general applications.

1. Monies can be provided through the Vocational Education Act for workshops, inservices, projects, extended contracts, etc. which will lead to the enhancement of employment of students with exceptional need upon their leaving school. These funds are to supplement and support, not to supplant. Workshops and inservices have proved an effective start in developing a cooperative effort.
2. Vocational educators teaching capstone courses have advisory committees. Capstone courses are vocational education courses which lead to employable skills and emphasize one of two methods (or both) of instruction; either cooperative work experience with the community and industry or simulated activity experience within the classroom. It is also suggested that an advisor committee be formed for work-experience programs for the purpose of helping to: (a) discover the training need of the various service areas encompassed by the program to ensure a realistic and practical program; (b) develop community understanding of work experience and the corresponding program; and (c) provide support for work experience to develop respect and prestige for the school and the students with the employing community. Currently many secondary special educators do not have an advisory committee.
3. The vocational educator of capstone courses and secondary special educators in charge of work-study could cooperatively develop and use a community survey as well as some of the same work-study placements.
4. Develop a kindergarten through secondary plus post-secondary plan for career education-vocational education. Encourage vocational technical schools to develop programs which would give students with exceptional needs special help (project SERVE at District I, VTAE, Eau Claire, Wis.)
5. Chapter 115 stresses that the multidisciplinary team (M-team) is to recommend an appropriate educa-

Figure 2 - Another UW-Eau Claire special education major assists a student in project SERVE in the food services area.

Figure 3 - A UW-Eau Claire special education major and a child care instructor at the District 1 Technical Institute team-up with a student in Project SERVE in an early childhood class.

tional program for exceptional students. If the student is approximately 16 years old, then these recommendations may be more appropriate vocationally if a vocational educator such as a LVEC (Local Vocational Education Coordinator) was a part of the M-team. Use vocational educators and special educators in developing an educational plan.

6. Vocational evaluation and exploration systems should be used early enough in the student's educational career to provide recommendations for mainstreaming, as well as later job placement.
7. Use potential employers of the community as resource people as well as work-study placement. One level of involvement often leads to the next.
8. Make adequate use of DPI personnel or consultants.
9. Write a proposal to use vocational education funds for extended contracts and to develop individualized materials, methods, and minitransitional courses.
10. Use students to help tutor other students, to tape textbooks, and to program material.
11. Use flexible scheduling to provide for easier entry into and exit from support courses.
12. Combined fieldtrips with vocational education and special education.
13. CESA is to hire a special person to promote cooperation and to help coordinate efforts in the area of vocational education of the special student.

There are no doubt many more suggestions which will come from a cooperative effort as vocational educators bring their technical competencies and special educators bring their competencies in teaching students with exceptional needs together. It is difficult for the special educator to be competent in every vocational area in which his/her students may someday work. It is equally as difficult for the vocational educator to have an indepth background in the special learning characteristics of every type of exceptional student which may need his/her course to become employable. Teamwork of all in the field is the most feasible answer.

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2. Long, Tom. May 1976. Vocational education/special education workshop, Fennimore, Wis.
3. Thompson, Barbara. March 1976. Suggested guidelines for implementing work experience programs. Department of Public Instruction, Madison, Wis. p.1.

DATES TO REMEMBER

55th Annual International CEC Convention
April 11-15, 1977
Atlanta, Georgia

Wisconsin Association on Mental Deficiency Conference
May 4-5, 1977
Pfister Hotel, Milwaukee

27th Annual Conference for Retarded Citizens
May 6-8, 1977
Wis. Assoc. for Retarded Citizens
Pfister Hotel, Milwaukee

Whitehouse Conference on Handicapped Individuals
May 25-29, 1977
Sheraton Park Hotel, Washington, DC

Cooperation-Essential to Fully Develop Occupational Potential of Students with Exceptional Educational Needs

By Preston Smeltzer
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One of the major objectives of the Vocational Education Amendments of 1968 is to provide meaningful vocational education to individuals who, because of a handicapping condition, are not able to succeed in a regular vocational education program. Expenditure and program accountability compliance with this law requires at least 10% of Wisconsin's basic grant be set aside for the physically, mentally, or emotionally handicapped. This objective compliments the legislation's broader objectives which include breaking the cycle of poverty and maintaining human dignity through productive employment. Appropriate utilization of the monies made available for vocational education of handicapped children presents a real challenge to both vocational and special educators.

It has been predicted that nearly four out of five of the 2.5 million handicapped youth who will leave our high schools during the next 4 years will, at best, be underemployed and existing at the poverty level. Predictions such as these should raise grave concerns. The concept of underemployment pictures a person possessing greater degrees of productive capability than the tasks he/she is asked to perform require. Underemployment leads to boredom on the job. We have too long assumed that boredom on a job is impossible for handicapped persons. Additional effort needs to be expended to more fully insure that work is made possible, meaningful, and satisfying for all handicapped individuals. This dictates that handicapped persons be given greater opportunity to capitalize upon their vocational interests and aptitudes.

Special educators, being subject matter generalists, are often unable to provide the job specific skill training many handicapped persons need in order to realize their occupational potential. Vocational educators, being vocational subject matter specialists, frequently lack the skills and methods required to reach and teach handicapped students. As a result, far too few students with exceptional educational needs (EEN) receive the skill training only vocational educators can provide.

Vocational educators, by virtue of their nature and training, frequently have a tendency to "make craftsmen of the best and eliminate the rest." They prefer to work with students who have the potential to learn everything being taught in their classes. Working with students who are capable of learning only a portion of what they teach is often viewed as inappropriate. They feel a vocational educator's expertise ought to be reserved for students who can master all of the content of their vocational training program has to offer. Consequently, far too few EEN students receive the job specific skill training they need in order to capitalize upon their occupational potential.

Special educators, by virtue of their nature and training, often have a remedial orientation and do not recognize or understand what contribution vocational education could potentially make. Some are simply unwilling to decrease the autonomy of their programs. Yet vocational training provided exclusively by special educators generally prepares students for any job not requiring trained workers. Although these workers may have the appropriate human relations skills, proper work attitudes, and appropriate social behavior, they often will never obtain the job specific skills that would permit them to capitalize upon their vocational interests and aptitudes.

Not long ago no one really expected vocational educators to accommodate handicapped students. Special educators were not expected to integrate their students. Both groups are, in a general sense, currently doing what they were traditionally expected to do. Some of us are going to have to commit the time, effort, and other resources required to change this situation.

Both special and vocational education personnel will have to learn to appreciate the limitation of their respective fields in providing an optimum level of occupational readiness for handicapped persons. Reaching this optimum level will require a cooperative effort on the part of both groups. Both need to recognize the unique contribution they can make to an objective of increased occupational competence for handicapped persons. Each needs to recognize that interdepartmental cooperation is critical to capitalizing upon the occupational potential of handicapped persons. Both need to become more fully aware of the career development processes and occupational potential of handicapped persons. Neither group should be permitted to function in isolation of the other.

Vocational educators are going to have to accept the premise that not everyone needs to master every skill and/or concept contained in vocational sequences now designed to make students *promotable* as well as *employ-*

able. Somehow we have to determine what a student "needs to know" in order to obtain entry level employment in a job for which training is being provided. We must eliminate the "nice to knows" for many handicapped students and ensure those who want and can profit by the "need to knows" are provided an opportunity to learn/master them. Vocational education could then be an occupational skill development resource special educators could draw upon in order to permit handicapped students to develop occupational skills, rather than a place where students are mainstreamed with the hope they will profit from the experience. Mainstreaming in vocational education need not be an "all or nothing" proposition.

Having made vocational education more accessible to handicapped students, special educators could begin to concentrate on developing the prerequisite skills students would need to achieve success in vocational education.

The Vocational Education Amendments specify that, insofar as possible, preference is to be given to programs which will result in handicapped students being integrated into existing vocational education programs. Ancillary or supportive services which are not now available, but are necessary to help students succeed in these programs, may be provided by federal vocational education funds. Separate or modified vocational education programs will be funded only when evidence shows that the target population cannot be expected to succeed in the regular vocational education program even with supportive service. Highest priority is currently being given to programs which increase cooperation between vocational and special education. Both planning and operational grants will be considered.

Many handicapped workers find in their job the fullest satisfaction they are to know in life. Professional educators must insure equal vocational education opportunity for *all.* We cannot continue to tolerate a vocational education delivery system that excludes the majority of handicapped students.

In Memoriam

Burton F. Rodee

Burton F. Rodee, 41, Milton, associate professor of special education at the University of Wisconsin-Whitewater, died unexpectedly May 30, 1976 apparently of a heart attack, at his former farm home in Lima Township.

Professor Rodee, who had been a member of the UW-Whitewater faculty since 1966, was well known throughout the state. He taught courses in the area of mental retardation, was a special educator for the visually handicapped, taught methods courses for teaching of educable retarded elementary and adolescent pupils, and served as coordinator for all UW-Whitewater student teachers in special education at the undergraduate level.

Why Standards for Visually Impaired Children

By Andrew Papineau
Supervisor for the Visually Handicapped
Division for Handicapped Children

Is quality education for the visually impaired to be maintained in public schools? With the thrust on the philosophy of the least restrictive environment or mainstreaming, educators of the visually impaired must survey with critical analysis the uniqueness of the instructional content for the visually impaired. The model through which instruction is delivered is a crucial consideration when programs are developed to meet the needs of visually impaired children. Not only is there concern for program types but also the preparation of teachers of the visually impaired.

Are itinerant teachers equipped to handle the broad scope of mainstreaming if their training background is on the secondary level? Can an itinerant or resource room teacher meet the total unique program of the visually impaired or should educators begin to look at a combination of programs as the child pursues his/her educational career? Is the residential school setting a thing of the past? Yet where else in education of the visually impaired can a nucleus of staff be combined in one setting to serve the visually impaired child at some point in his/her education? The residential school should not be segregated but a part of integration for school programming. Are educators and training institutions following a philosophy not proven to be totally appropriate for meeting the exceptional needs of the visually impaired? Should a division be drawn between program types and staff or should programs have a philosophy of flexibility and *again* look at the child instead of the program? Are the various program models in day schools for the convenience of families and administration or do they best meet the needs of the child's present and future?

The purpose of the American Educators for the Visually Handicapped (AEVH) Standards Committee is to look at these issues and actively explore methods and procedures for assisting visually impaired children in day school programs and individuals responsible for development of programs. These factors will be developed into guidelines that will promulgate quality and appropriate programming for visually impaired children which would have national support.

The objective of the committee is to identify unique program areas of the visually impaired, followed with exploration of where these needs can be met with program models and types of teachers to fulfill these unique educational needs. Geraldine Scholl, a consultant from the University of Michigan, will compile information received from the various committee members after input from teachers of the visually impaired. These teachers range from all program models. The information is based on children currently

served and the educational background of the teacher. The methods used to gather this information vary within each area. For example, in a day school program, fifteen teachers were called together to discuss the objectives of the Standards Committee followed by the individual listing of unique program needs and the consensus of the entire group. The meeting was extremely productive not only in light of the committee's requests but also in having the teachers share ideas as they relate to the visually impaired. Teachers are asking for direction in the interest of children, not for administrative decisions governing programs; a guide stating what their capabilities are within various programs. To quote an old saying, "A jack of all trades is a master of none"; this is quite applicable in serving the visually impaired.

The survey portion of the study has been partially fulfilled but further input is needed by the persons in the field. Additional information regarding aspects of teaching the visually impaired that are unique and how the factors of vision and intellectual functioning affect appropriate programming is necessary.

The need for standards is evident within the field if the visually impaired are to gain their maximum learning potential in current educational settings.

In the interest of the visually impaired children, please submit your ideas on the following form and send your comments to:

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The time you take to complete this task will not only assist the visually impaired children now but in future years as well. What is your stand as a professional in the field?

Association for Education of the Visually Handicapped
Standards Committee

Survey Form

Subject area _____

Submitter _____

Number of responders _____

Approximate chronological age	Useful vision — Intellectual functioning				No useful vision — Intellectual functioning			
	Normal	Mildly retarded	Moderately retarded	Severely retarded	Normal	Mildly retarded	Moderately retarded	Severely retarded
0-3 years								
3 - 6								
6 - 10								
10 - 15								
15+								

Comments: (include exceptions, explanations, rationale, etc.)

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Developing Effective Modes for Response and Expression in Nonvocal Severely Handicapped Children

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Developing effective educational and habilitation programs for the child who has both physical and cognitive handicaps is a difficult task and one which depends upon the development of an effective mode of communication. If an accurate, consistent, and reliable means of communication cannot be established with the child, the success of any intervention program will be in doubt. Without effective communication, the overall potential for development for the individual will also be seriously reduced.

For these reasons, the development of communication early in the child's life is essential. Yet severe physical and cognitive impairments can preclude or hamper the development of any functional vocal communication. For these individuals, augmentative modes of communication should be considered.

An augmentative mode of communication is one which serves as a supplement to whatever oral communication the child may have or develop. Thus, augmentative modes or techniques may be appropriately used both with the child who is not expected to develop functional speech and also with the child who may develop functional speech at some point in the future but who has only limited intelligible speech at present.

A frequent concern related to the use of augmentative modes of communication, such as communication boards, has been that they may impede the development of speech. Clinical research programs have shown, however, that vocalizations have not decreased when augmentative techniques were introduced and that in many cases, oral communication intelligibility has improved once the individual was provided with such a technique or aid (McDonald and Schultz, 1973; McNaughton and Kates, 1974; Harris-Vanderheiden, 1976). Improvement in oral communication for these children has been attributed to a decrease in pressure on the child that resulted once the child found that accurate interpretation of his/her message did not entirely depend upon the intelligibility of his/her vocalizations which were difficult for him/her to produce and hard for others to understand. Increased motivation on the part of the child as a result of successful communication experiences has also been cited as a factor in the improvement of oral skills.

Augmentative modes should therefore not be seen as alternatives to speech but rather supplementary modes of communication. An individual's communication system should also not be thought of as a single mode, such as only speech or only a communication board, but as a system which may include several specific modes of communication which are used at different times or in different situations. The most common example of this is the use of both partially intelligible speech and a communication board, where the mode used at any given time is dependent on the situation, the familiarity of the topic under discussion, and the listening skill of the message receiver.

This concept of a multimodal system, however, can and should be extended to include the use of more than one nonvocal technique as well. For instance, a child who is using a signing communication system in his/her ward or classroom for speed and convenience may need a folding portable communication board for communication outside of his/her ward or classroom with parents and with others not familiar with his/her signing system. A second example would be a child who has a large and fairly complete laptray communication board which allows for relatively fast and flexible cummunication in the classroom but who may need a small, slower, but more portable board or technique that he/she can always keep with him/her, in the car, at the park, at the pool, etc.

Developing Communication Modes for the Nonvocal Physically Handicapped Child or Adult

The problem then is one of finding appropriate communication modes which, taken together, can provide the individual with an effective communication system. When trying to identify or develop such modes, it is useful to review the basic components of an expressive communication mode

Figure 1 - Three component expressive communication models.

A Simple Model of Expressive Communication Components for Normal and Non-Vocal Motor Impaired Children

Component	Function	Component as represented in the normal speaking child	Component as represented in a child using a communication board
Physical mechanism	To provide the child with a means of specifying or transmitting the elements of his/her message to a receiver	Oral speech mechanism	Pointing board
Symbol system and vocabulary	To provide the child with a set of symbols which he/she can use to represent things or ideas for communication	Spoken words	Pictures Printed words Other symbols
Rules for combining and presenting symbols	To provide the rules and procedures for presenting the ideo-symbols so that the message will be most easily understood by the receiver	Syntax Grammar, etc.	Syntax Grammar, etc.

or channel. A basic three component model for an expressive communication channel is shown in Figure 1. The three components are:

1. A physical mechanism or means of indicating or transmitting the elements of a message to a receiver.

2. A symbol system and vocabulary to provide the child with a set of symbols that can be used to represent things and ideas for communication to a receiver.

3. Rules and procedures for combining and presenting the symbols so that they will be most easily interpretable by the receiver.

In the normal vocal child, the first advanced mode of communication to develop is speech (Figure 1). The physical mechanism by which the child presents his/her symbols to the message receiver is his/her oral speech mechanism. His/her symbols would be the sound patterns (words) for his/her language. If the sound symbols (words) are used in multiples, these symbols must be presented in some order to indicate relationships between them (e.g. Tom hit Mary).

For the child who cannot speak or for the child whose speech is only partially functional, these mechanisms are not sufficient and alternate mechanisms to provide these basic components must be developed for them. An example of what these alternate components might look like is also shown in Figure 1. The physical mechanism might take the form of a communication board where the individual would indicate his/her message by pointing to the symbols displayed. The symbol system could be pictures, drawings, printed words, or other symbols. Guidelines for combining symbols would be essentially the same as for early spoken English.

The process of developing augmentative communication through the use of a nonvocal means then would consist of:

1. Providing the child with an effective and efficient means to indicate.

2. Providing the child with a symbol system with which to express his/her thoughts; a symbol system which meets all of his/her communication needs and which is compatable with his/her current cognitive and linguistic level.

Providing the Child with a Means to Indicate

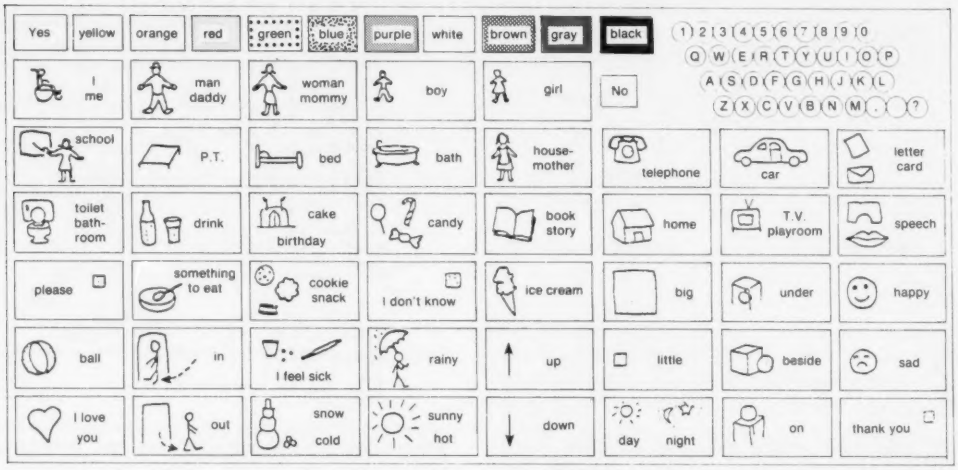
Since a symbol would be of little use if the child had no means to use it, the first step is to provide him/her with a means to indicate. Many different aids and techniques have been developed for this purpose by educators and clinicians working with severely physically handicapped children. Most of these aids or techniques are variations or adaptations of three basic approaches: direct selection, scanning, or encoding.

The most straightforward and familiar approach is direct selection. In this approach, the handicapped child directly indicates the elements of his/her message. Pointing communication boards (Figure 2) are familiar examples of this technique. When a child is unable to point with his/her hand-headsticks (Figure 3), feet or other parts of the body have been used.

Many children, however, are not able to point effectively with any part of their body. For these children, a different approach called scanning is often used. With this approach, a second person does the pointing for the child with the child signalling when the correct item is indicated. To do this, the second person scans over a communication board, pointing to the items one at a time while watching the child for a signal (Figure 4). When the desired symbol is reached, the child can signal by looking up, raising his/her arm, smiling, or any other previously agreed upon and recognizable movement. Since the particular movement for a child can be any reliable movement over which the child has voluntary control, this approach is very powerful and can be used by most any child no matter how severe his/her physical disability. The disadvantage of this type of scanning approach is its speed. Stepping over the elements on the board one at a time while allowing time for the child to respond at each one can be very time consuming. To offset this, several other scanning techniques have been developed. Two of them are row-column scanning and directed scanning.

In row-column scanning, the second person, or message receiver, points to the rows one at a time while asking the

Figure 2 - Picture/word communication board-a direct selection technique.



child if the desired element is in that row. Once the correct row is established, only that row need be scanned in order to locate the desired element.

The directed scanning technique operates by having the child indicate the direction he/she wishes the second person to scan (up, down, left, right) by pointing to directional arrows or by indicating the direction with his/her eyes.

When first starting out with a child, one of the above two approaches is usually used. As the child's communication system develops however, a child using a direct selection or scanning technique may develop a vocabulary which is large enough that he/she is no longer able to point to it and which would require an inordinate amount of time to scan. For these individuals, encoding techniques have been developed. With these techniques, several movements are used to specify the desired element.

One simple technique is shown in Figure 5. Here a color and a number are used to indicate the elements on the display. No numbers concepts are needed for this technique as the child need only point to the numeral in his/her pointing display which matches the numeral next to the desired element. If desired, other shapes or figures could be used instead of the numerals.

Often two of the approaches can be combined in order to capitalize on the advantages of each and to more efficiently meet the communication needs and abilities of the individual. One example of such a combination technique is the 'indicated area scanning' technique or 'area scanning' technique. In this technique, an individual with limited pointing capabilities can greatly reduce the slowness of scanning over large numbers of vocabulary elements. To use this technique, the handicapped individual simply points to the general area on the chart where the desired element is (Figure 6). The message receiver then scans

Figure 3 - Direct selection using a headstick.

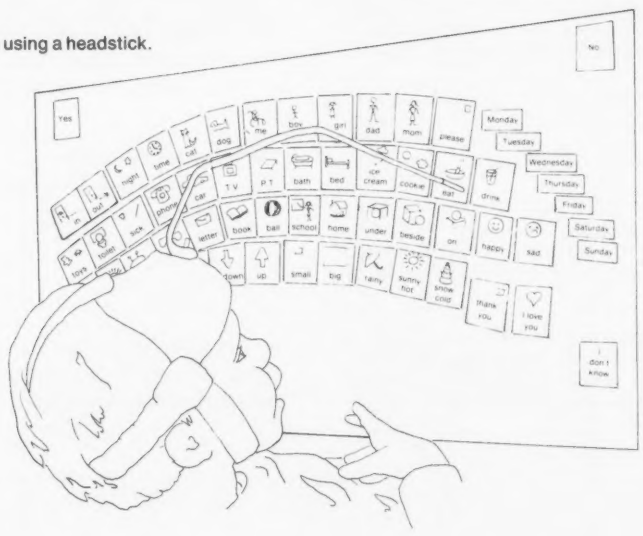


Figure 4 - Simple scanning technique.

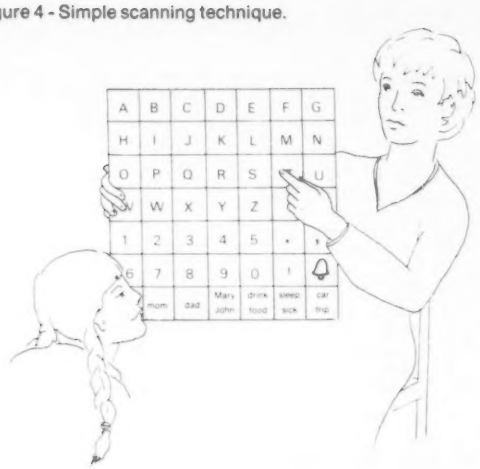
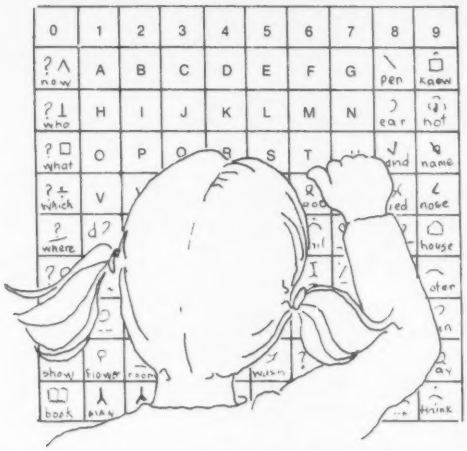


Figure 6 - Indicated area scanning-a combination technique.



over just the area near where the child pointed. Two advantages of this technique are: the message receiver can often use context to further narrow down the items to be scanned thus reducing the communication time even more and this technique provides motivation and practice necessary for the development of better pointing skills and faster communication potential.

Many other variations and combinations of the approaches have been documented, each with advantages and disadvantages (Vanderheiden, 1976; Vanderheiden and Harris-Vanderheiden, 1976). The appropriate technique for a given child will depend upon his/her specific abilities and will change as he/she grows and develops new skills (Vanderheiden and Luster, 1975).

Providing the Child with a Symbol System

Once the child has been provided with an initial means to indicate, his/her initial symbol system must be selected. Since this is only his/her initial and not his/her final system, it should be chosen to match his/her present abilities and to provide him/her with a communication system which will be immediately functional. Long range communication,

Figure 5 - Two movement encoding technique using color.

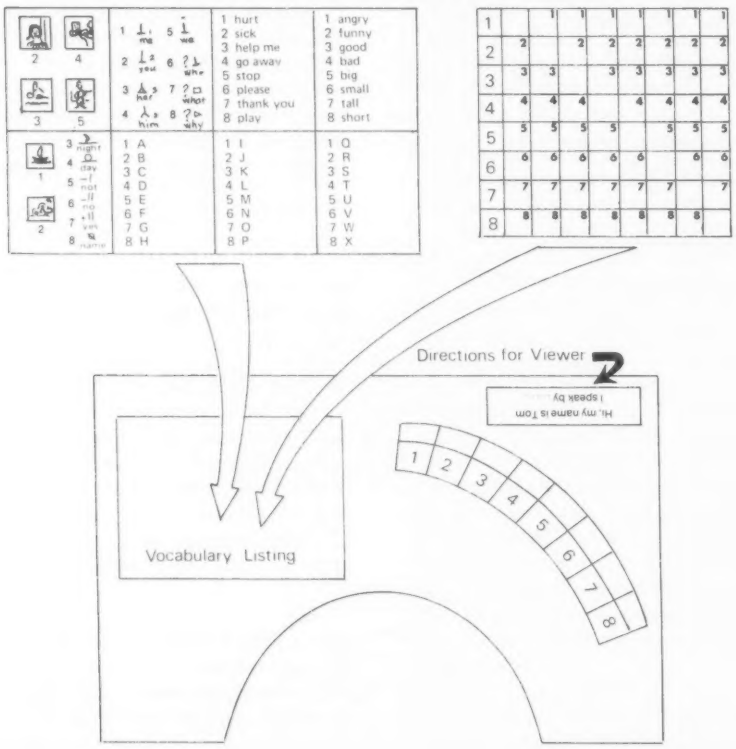
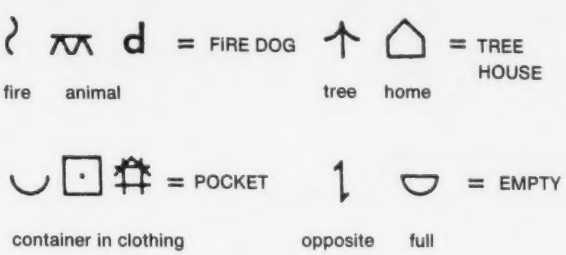


Figure 7 - Blissymbols (word always appears with the symbol).

Figure 8 - Combining Blissymbols to express new ideas.



academic, and language goals should be worked on only after the child has a functional system for communication and interaction.

Many different symbol systems have been used with nonvocal children including three dimensional objects, simple photographs, drawing, Blissymbols, Rebuses, and orthographic systems (Lloyd, 1976).

One of these systems which has been particularly successful with nonvocal physically handicapped children is the Bliss Symbol system. Blissymbols have been applied widely both with children of near normal and normal intelligence and with severely mentally retarded children (Harris-Vanderheiden, 1976). Some of the features of this system which make it particularly applicable with nonvocal physically handicapped, mentally retarded children are: it is not a phonetically based system—the symbols are constructed and based upon meaning units rather than sound units; Blissymbols are pictographic and ideographic making the symbols easy to learn (Figure 7); the symbols are simple in form and therefore easy to draw. Because of this, the second person can write the symbols down easily as the child points to them thus allowing the child to see the sentence he/she is constructing. This type of feedback is important for the further development of communication skills; there are approximately 50 symbols which can be combined to form most of the other symbols in the system. Because of this and the concept basis of the system, it is easy for the children to combine symbols on their communication boards to express new concepts (Figure 8).

Blissymbols are but one system that has been used with severely mentally retarded children. They can however serve to demonstrate that there are symbol systems which can and have been successfully used with even severely mentally and physically handicapped children.

Summary

Through this paper, we have attempted to examine the problem of developing communication in the nonvocal mentally retarded child. In our discussions, we have directed our comments toward aids and techniques for the physically handicapped child. The same principles however may be applied to other populations and to adolescents and adults as well. Our primary aim has been to demonstrate that there are techniques for developing communication systems for even the severely physically handicapped, severely mentally retarded child. Although only a brief introduction to the basic techniques has been presented here, it is hoped that the fact that solutions for these children exist has been demonstrated, and that a framework has been provided for the development of practical programs utilizing augmentative communication techniques.

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Highlights from P.L. 94-142

By John Stadtmueller
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P.L. 94-142 was signed by President Ford in November of 1975. This is an all-encompassing piece of federal legislation which, essentially, is very similar to Chapter 115. Both of these pieces of legislation along with the rules and regulations are addressed to the concept of total programming for children with exceptional educational needs (EEN). P.L. 94-142, however, does not become involved with the matter of school-age mothers.

P.L. 94-142, while it has many of the similarities to Wisconsin's Chapter 115, does have some variances in its procedures and approaches even though the intent of both laws is similar. A detailed analysis for a crosswalk of differences would tend to cancel out or in essence nullify any discrepancies that exist in both of the laws. However, there are some elements of P.L. 94-142 that take somewhat of a different approach, and as such, should be given added attention.

For purposes of summary information there are 12 areas that will need consideration by local educational agencies, both from a standpoint of administration and instruction. At the time of the writing of this article, the following information about these 12 areas is essentially accurate but it must be kept in mind that final regulations for P.L. 94-142 along with early amendments may drastically change some of the ideas considered below:

Priorities

P.L. 94-142 calls for three major priorities which must be followed by all agencies providing educational programs for handicapped children. These agencies include the Wisconsin Department of Public Instruction—Division for Handicapped Children, all state agencies providing for children with exceptional needs, all local educational agencies (LEA), and all parts of private programs involving children with exceptional needs for which there is a free and appropriate education with no cost to the parent, although the cost may be absorbed by the school district.

1. The first priority dictates that all emphasis of P.L. 94-142 must be in terms of providing services to the *unserved.* This seems to be a relatively simple concept, although on analysis it can be seen that as per the present status of regulations, this would mean that P.L. 94-142 funds may only be spent for the unserved. The unserved would mean only those children who are not in any educational program of any type. When one considers that headstart, day services programs, children within regular programs, etc., are all considered served, the only remaining population seems to be preschool children, those out-of-school children who have left established programs and are "floating the streets," and those handicapped children who are kept at home by their parents and not in any educational program, or in short those children sometimes referred to as "closet" or "attic" children. All this would mean that we would have very few children in Wisconsin that would fall into the category of the unserved. The first priority has some additional limitations, namely that it is not possible to go on to the second priority with respect to the use of P.L. 94-142 funds until priority one is satisfied. To satisfy priority one this would mean at the present time that all unserved children must be accounted for and appropriately programmed before any movement can be made toward the second priority and it is further complicated in that the entire state of Wisconsin would have to meet priority one before any local educational agency could move to priority two. This concept of first priority could in essence be a very limiting factor in our programming with the use of P.L. 94-142 funds.

2. After the first priority is accomplished, LEA and the state, etc., could move to the second priority—namely that of providing *improved programs for those multiply handicapped children receiving inappropriate services and programs.*

3. After achieving the elements of priority two, it would be possible for school districts and state agencies, etc., to spend P.L. 94-142 money to provide or *improve services to all other types of children with exceptional educational needs (EEN).*

Funding by Head Count

Federal dollars received by Wisconsin for use with handicapped children have generally been allotted to Wisconsin based on our population. Our total state population would suggest that our general appropriation is approximately 2% of the national appropriation. However, under P.L. 94-142, the funding level is established by using the actual number of children who are being served in free and appropriate educational programs. This means that a single count rather than an unduplicated count would be taken to arrive at a total number of children being served. In turn the US Office of Education will divide the national appropriation by the total number of handicapped children served throughout the nation to arrive at an amount per child. An individual state such as Wisconsin in turn could receive an amount per child for the number of children served, not to

exceed 12% of the number of all children age 5-17. In essence what this type of funding structure does is to provide more funds to those states that are currently providing services to handicapped children on somewhat of a reward basis. However, when one considers the limitations of the first priority for the unserved, it can be readily seen that a state with a good program for exceptional children would receive more money to serve fewer unserved children. In fact this is almost a contradiction to a democratic situation. At the time of writing this article, the amount per child based on head count has not been established.

Flow-Through Funds

Up to the present time, federal dollars received by Wisconsin for handicapped children have been targeted for a few discretionary types of handicapping conditions or given out to local educational agencies on the basis of a plan and its subsequent approval which in turn meets one of the many priority areas eligible for funding. Under P.L. 94-142 there is the concept of *entitlement* which goes into play, and as such, an LEA would receive funds on somewhat of an automatic basis provided all conditions for receiving funds are appropriate. In 1978 this would mean that of the P.L. 94-142 funds received, 50% of this money would be passed on to LEA's eligible to receive such funds. In fiscal year 1979 and thereafter, 25% of the funds would remain for discretionary purposes with the Department of Public Instruction, Division for Handicapped Children with the remaining 75% being available to flow through to the districts based on established head count.

Excess Cost

A concept of excess cost is somewhat misleading as the term "excess" would imply expenditure of more funds than necessary. However, in terms of P.L. 94-142, excess cost is meant as that portion of the cost for educating an exceptional child over and above the amount of money that it costs to educate a regular child. In P.L. 94-142, LEA's may only spend funds in the excess cost range. For example, if it costs $1,000 a year to educate a normal child and $1,500 to educate an exceptional child, the $500 additional amount would be considered excess costs and in that range P.L. 94-142 funds could be used. However, there is still the obligation of the first priority for the unserved, and a combination of the excess cost range and meeting the first priority could provide some serious limitations on the ability to expend P.L. 94-142 funds by local public schools.

$7,500 Minimum

When P.L. 94-142 was in the process of development, the intention was to provide the most comprehensive program as possible for exceptional children. Consequently, in developing the bill there was need to establish a criteria for the size of a district that could in essence provide a full range of service. In order to do this, a minimum dollar limit was established as the floor which must be met by districts in order to receive P.L. 94-142 funds. This means that a district would need to have a high enough number of children multiplied times the amount per child that would be available through the national appropriation in order to reach the minimum of $7,500. For example, if the dollar amount per child was established as being $50 during the 1978 fiscal year, an LEA must provide services for 150 EEN children in order to be eligible to receive any P.L. 94-142 funds. This would seem like small districts would be penalized, but the overall intention would be to encourage districts to combine their efforts so as to provide a comprehensive range of services for exceptional children. It must be noted at this point that in keeping with the head count, a child must be enrolled in an EEN program and have an individual educational plan on file. This also means that each handicapped child served, whether in a self-contained classroom or in other regular programs sometime during the school day, would all receive a count of one; and as such, districts with good programs in the areas of least restrictive alternative placements would not be penalized.

Intermediate District

In order to help small districts with limited numbers of EEN children being served to be eligible to meet the $7,500 criteria, it is possible to combine services with other school districts, work through a county handicapped children's education board (CHCEB), contract or combine services with a cooperative educational service agency (CESA). In this way an intermediate type district would then be established (these are already pretty well established in Wisconsin) which would bring the head count for the total districts involved above the minimum number of children needed to qualify under the $7,500 minimum. In turn an intermediate district would then be eligible to receive funds for the total number of EEN children who are receiving services in all of the LEA's combined under the intermediate concept with the expenditure of funds in favor of the cooperating LEA's in such an intermediate district. It should be noted that the $7,500 minimum, the flow-through funds, and the intermediate district plan (assuming that we don't establish new types of districts) would probably have no adverse relationship to special state reimbursement for handicapped children as is the current practice.

LEA Annual 94-142 Plan

Under P.L. 94-142, there is a requirement that all LEA's wishing to receive P.L. 94-142 funds must develop, submit, and have approved an annual plan. This annual plan would be tailored after the plan the Department of Public Instruction, Division for Handicapped Children will submit to the federal government for funding under P.L. 94-142, and all such requirements must be in parallel. While the design for this annual plan has not been established, it is the intention of the Division for Handicapped Children to work with persons from various organizations in helping to develop an appropriate-type document. It is expected that this document will be of such a design as to allow the districts to provide assurance that they are complying with the various parts of P.L. 94-142. As such, it is expected that the document itself will have many "boiler-plate" statements for which the districts could sign off on or the LEA could state specific exceptions to the boiler-plate conditions. It is expected that the narrative plan submitted by the district to the Division for Handicapped Children will be used as

"included by reference" points as opposed to developing entire new documentation when such information may already be available in the narrative plans. Our intentions at this point are to work closely with the local school districts, particularly through special education administration leadership persons and/or designees, in the entire procedure of developing an LEA plan. It must further be noted that at this point in time, if districts do not wish to apply for P.L. 94-142 funds they may not necessarily have to develop this P.L. 94-142 plan. However, all mandates, conditions, and requirements under P.L. 94-142 as well as Chapter 115 must be met regardless if funds are to be received.

Child Find

P.L. 94-142 and its drafted regulations to date all call for the need for child-find activities carried out by LEA's. Since the first priority under P.L. 94-142 calls for provision of programs and services for the unserved, it seems natural that child-find activities be used by local districts to document those children not being served or to show that in fact there are no unserved children in their respective districts. Since "child find" is a requirement, it seems that most districts should give considerable emphasis to this area. The Division for Handicapped Children through its Title VI-B, EHA, program has reserved funds that districts can use in planning for Title VI-B projects dealing in the entire matter of child find.

Individual Educational Plan (IEP)

P.L. 94-142, as well as Chapter 115, calls for individual educational plans. At the present time the language may be a little bit different in both laws, but the concepts are essentially the same. The IEP calls for a very detailed plan to be developed and followed for each EEN child in a local public school. Development of this IEP requires considerable emphasis on the part of the child's special teacher as well as input from the parents, and if necessary the child, and other staff persons from that respective school district. This IEP is an outgrowth of the multidisciplinary team activities, but is in essence far more detailed than that which is developed as a general plan by the M-team members. Since the IEP spells out the delivery of services, it is one of the most crucial points within the concept framework of P.L. 94-142 and Chapter 115.

Yearly Evaluations on Children and Programs

The requirements for evaluation in the P.L. 94-142 law and in the proposed regulations call for two discrete elements of evaluation:

1. It is necessary to evaluate each individual child's progress on an annual basis. In turn, long-range plans will call for an aggregate of such information to eventually be sent to the US Office of Education as documentation on achievement.

2. It is necessary to evaluate the success of the local public school's total program for its EEN children. The Division for Handicapped Children, with input from the field, is in the process of developing an evaluation design which could be used as a self-evaluation tool as well as an on-site visit tool. The purposes behind this evaluation design are to allow districts to clearly see the progress that is being made in completing all the specifications and requirements related to a full-service program for all the EEN children in the district.

Surrogate Parent

The concept of a surrogate parent is not necessarily new, having been around for many years under different names. Under P.L. 94-142, it is given this term and means the availability and use of an impartial person who would be assigned to look after the educational rights of an EEN child in such cases where the natural parent is unable or unwilling to assume this responsibility. The surrogate parent as such is charged with the responsibility to see that the best possible programs and arrangements are made for the EEN child in question, making sure that confidentiality is maintained. While a great number of children are not involved in the surrogate parent concept, it is nevertheless of utmost importance when considering a fair and equal opportunity for all EEN children as well as all children in Wisconsin.

Single Line of Authority

Under P.L. 94-142 it is made very clear that the philosophy is to have a single program thrust for all exceptional children in a state. This would mean that programs operated by a state agency or programs operated by an LEA and private school programs which provide a free and appropriate educational program (free to the parent) to EEN children fall under the ultimate responsibility of a single line of authority. This does not mean that the administrative aspects of any particular program would be assigned to a single line of authority, but it does mean that the single line of authority is charged with the responsibility of making sure that appropriate programs are developed and maintained for all Wisconsin's EEN children in the above situations. Under P.L. 94-142, the single line of authority rests with the State Superintendent of Public Instruction. It is the intent of the Office of Education that the single line of authority will in fact bring about a more comprehensive and equalized programming arrangement for all exceptional children.

The above information on P.L. 94-142 is not meant to be inclusive of all conditions or concerns, but is meant to point out those highlights within the new federal law that will have direct impact on children and on those persons in the public domain having responsibility for programming arrangements. Once again, it must be noted that when final regulations are adopted for P.L. 94-142 and for several years following, there may be changes which will alter the impact and implementation of some of the above 12 highlights.

The article under Federal Programs following this article points to other areas of interaction to total programming to our exceptional children from the standpoint of federal impact.

Personnel Preparation in Special Education

By Dick Trotta
Program Administrator, Title VI-D, EHA
Division for Handicapped Children

Each year, the Division for Handicapped Children Title VI-D program administrator attempts to develop an article for the *Bureau Memorandum* which will describe the program activities proposed for funding in the succeeding year. This article will refer to the program description for the 1977-78 project year (June 1, 1977 to May 31, 1978).

Following is a description of how the Division for Handicapped Children under Title VI-D (EHA), P.L. 91-230 proposes to use project funds in 1977-78. Our 1977-78 project application for a continuation-grant under Title VI-D was submitted to the U.S. Office of Education (USOE), Bureau of Education for the Handicapped (BEH) on November 8, 1976. When that agency approves the application, we will be in position to implement the program plan.

Historical Background/Administrative Overview

The Title VI-D program for the state educational agency (Wisconsin Department of Public Instruction) is administered through the Division for Handicapped Children (DHC). More specifically, it operates within the Bureau for Exceptional Children (BEC) which along with the Bureau for Crippled Children make up the DHC. The state educational agency (SEA) is responsible for the educational programs in 436 public school districts and two residential state schools for blind and deaf children.

The BEC is responsible to the 436 local school districts in the development, maintenance, and evaluation of programs for handicapped children in all areas of exceptionality. As of February 15, 1976, this responsibility covered services to an estimated 81,834 handicapped children, 4,619 program units, 4,620 teachers, 914 teacher-aides, and 135 directors/supervisors of special education.

Historically then, the SEA Title VI-D program which began in 1966 concentrated its efforts and attentions on the experienced special education practitioner employed at the local level. This concentration took the form, primarily, of awarding both regular year and short-term summer traineeships and providing inservice through 2-5 day workshops, special study institutes, and conferences.

The planning and decision making responsibility for determining the yearly SEA Title VI-D program activities was vested in an advisory committee organized by the DHC Title VI-D program administrator in 1971. This advisory committee presently consists of twelve members: the project administrator; the director of the BEC; the section-chief of programs in mental retardation and developmentally disabled; the section-chief for federal programs in the DHC; six special education supervisors representing all disability areas; a program evaluator; and one local education agency representative on an invitational basis.

Input to the advisory committee is derived through the following activities and/or resources: the entire BEC and BCC staff; surveys, studies, research, articles, etc. developed by members of the DHC and DPI staff as well as from LEA personnel and institutions of higher education (IHE); University of Wisconsin system personnel; interaction with members of the Wisconsin Title VI-D Project Director's Steering Committee on Cooperative Planning (Z-Group); the DHC Title VI-D program administrator's schedule of personal meetings and interviews with the department chairpersons of special education and communicative disorders in each of the Wisconsin teacher training institutions having approved programs in these areas; consumer feedback through evaluation reports, formal and informal written communication from Title VI-D traineeship recipients and institute participants; statewide conferences and inservice sessions with regular educators; and questionnaire responses from representatives of teacher training institutions and local directors of special education regarding Title VI-D program activities.

Project Description—1977-78 DHC Title VI-D Program

In order to give the reader a set of baseline data which introduces the Wisconsin 3-year plan under Title VI-D, EHA (1975 thru 1978), we present a review of the salient features of that plan:

Broad Based Principal Objective—The primary objective of the project is to support the continued implementation of Wisconsin's legislation for handicapped children as embodied in Chapter 115.01, Wis. Stats., to the extent that: the mandates of the law will have been fulfilled by July 1, 1976; that sufficient numbers and quality of special education personnel will be available to serve all handicapped children in Wisconsin, ages 3 to 21 years; and there will be improvement in the kind and quality of special education programs, delivery of services, and the educational assess-

ment and placement of handicapped children in each year of the project.

Broad Based Guidelines—Program priorities will be established in keeping with those stressed by the USOE/BEH/Division of Personnel Preparation (DPP), the DHC Survey of Manpower Needs, the evaluation reports emanating from previous year Title VI-D activities, and the priority areas enumerated by the Wisconsin Department of Public Instruction through its state superintendent and its biennial budget document to the governor.

The high-priority objectives delineated by the DHC in the 1975-77 biennial budget document will serve as basic guidelines for all proposed DHC Title VI-D activities in the 3-year plan.

Specific Goal for 1977-78 Program Activities—To develop an SEA/IHE/local educational agency (LEA) outreach program which incorporates responsive in-service training programs for special and regular educators who serve handicapped children in concert with related efforts by other agencies and institutions. This effort will also include the process of evaluating and monitoring current services and programs for handicapped children, as they strive to meet the mandates of Chapter 115. The specific goals for 1977-78 support the SEA plans to develop an evaluation/monitoring process which involves site-visits to LEA's to assess their implementation of Chapter 115 and P.L. 94-142.

State Analysis of Manpower Needs in Special Education—The next step in describing our DHC 1977-78 Title VI-D program plan is to give the reader an opportunity to review those statistics, data, and remarks which attempt to identify the supply-demand of special education personnel as it compares to the numbers of handicapped children and programs in Wisconsin. (No attempt is made to define quality or competency of special education personnel in these statistics; that may be done at a later time.)

The State Survey of Manpower Needs in Special Education—Each year the DHC makes a survey of the 436 local school districts in Wisconsin to ascertain the number of special educators who are teaching in each of the disability areas included in their programs. These data are directly related to the summary of exceptional education services in Wisconsin schools as described in their annual plans of service submitted to the DHC.

A comparative analysis was made of the current data on both the aforementioned documents and a projection of needed special education personnel for 1977-78 followed. Without attempting any detailed explanations, we point out that the projected need for special education personnel for 1977-78 as indicated in the survey would seem to be in the following disability areas: mentally retarded (includes TMR, severe and profound); emotionally disturbed; special learning disabilities; and speech and language.

Survey of Special Education and Speech Personnel Trained by Wisconsin Institutions of Higher Education—A direct product of recommended action by the Z-Group was this survey of special education and speech program graduates in 1975-76 by Wisconsin teacher training institutions.

Without attempting to make value judgments or predictions of future trends by teacher training institutions (this attempt will be made at a future date by the Z-Group Steering Committee), it would seem that the present output of special educators by all institutions is equal to the demand for personnel in 1977-78. It is also intended that there will be coordinated efforts between the Z-Group and subcommittees of the State Special Education Advisory Council to upgrade preservice training and certification standards in all disability areas.

Identified Areas of High Priority—This section will do nothing more than identify for the reader those program areas in special education identified by the U.S. Office of Education (USOE), Bureau for Education of the Handicapped (BEH), Division of Personnel Preparation (DPP) as being of high priority for funding purposes.

Each year, applicants for Title VI-D funds (i.e., state agency and nonprofit, nonsectarian educational institutions) must submit either a new or continuation application for grant. The funds are awarded on a competitive discretionary basis and must meet specific guidelines and directives which include attention to currently identified high-priorities.

Table 1 on page 22 indicates the current listing of USOE/BEH/DPP funding priorities for programs under Title VI-(EHA), Part D, P.L. 91-230. (Preparation of Personnel in Special Education and Related Areas).

We also call your attention to an article in the *Education Daily*, October 15, 1976, in which the Federal Government General Accounting Office (GAO) recommended in a special report that emphasis be placed on training regular classroom teachers and not special education teachers. However, we recognize, too, that there has been some serious criticism to the GAO recommendations in subsequent issues of the *Education Daily*. The implications being that the GAO report was a cost-saving concept rather than a true reflection of national needs.

Priorities

Part 121f of Title 45 of the Code of Federal Regulations is amended as follows: 1. New §§121f.21 and 121f.22 are added to read as follows:

§121f.21 priorities—program areas.

The commissioner awards funds under this part only for programs in one or more of the following program areas:

-Early childhood education. Preparation of educational personnel to serve handicapped children ages 0-6;

-Severely handicapped. Preparation of educational personnel to serve the severely and multihandicapped, particularly where the need for trained personnel is the greatest;

-Paraprofessional. Preparation of personnel (for example at community and junior colleges) to assist a professional in the education of handicapped children;

-Physical education. Preparation of personnel to provide physical education for handicapped children;

-Recreation. Preparation of personnel to provide therapeutic recreation services for handicapped children;

-Interdisciplinary. Preparation of personnel to work with handicapped children on an interdisciplinary basis;

-General special education. Preparation of personnel who will provide educational services to handicapped children;

-Vocational and career education. Preparation of personnel to provide career or vocational education for the handicapped;

-Regular education. Preservice or inservice programs which prepare regular education personnel, physical education personnel, or recreation specialists to provide services to handicapped children. These programs may include supportive services from special education personnel who work with handicapped children;

-Developmental assistance. Programs which provide postdoctoral training in the education of the handicapped;

-Model implementation (special projects). Programs which develop new models of instruction or prepare personnel for an innovative role in the education of handicapped children; and

-Volunteers. Preparation of volunteers, including parents, to assist in the provision of education to handicapped children. (20 U.S.C. 1431, 1432, 1434)

§121f.22 Priorities—funding.

-The priorities in §121f.21 are not in order of importance and are not assigned relative weight in funding decisions.

-The amount of money available for each priority depends on the appropriation by Congress. (20 U.S.C. 1431, 1432, 1434)

Section 121f.30 (Appeal) is deleted.

Table of Forces and Issues

Evolving from the aforementioned description of this project, the DHC Title VI-D Advisory Committee held a series of meetings in July, August, and September, 1976 which, in effect, appraised all of the background characteristics, evaluation reports, fiscal reports, institute participant feedback, other consumer feedback from individuals and organizations; and finally the input-recommendations solicited from representatives of all Wisconsin teacher training institutions and all directors of special education at the local level.

From this mass of information and materials, subgroups of the advisory committee were formed to pull together the projected program recommendations for the 1977-78 Title VI-D Program Application. These consisted of: (1) forces and issues; (2) major objectives; (3) program activities; evaluation design; (4) fiscal and budget; and (5) dissemination and follow-up.

The reports of these subgroups are found in Table 2 on page 23.

Program's Major Objectives and Competencies Expected of Participants

Objective 1: To develop processes and procedures for the preparation of special educators, parents, and ancillary personnel in appropriately serving early-aged handicapped children (age 0-5 years) in local education agencies and communities.

-Train special and regular educators in early diagnosis, soft-signs, assessment and programming for handicapped children, 0-5 years.

-To provide resources (workshops, etc.) for LEA's which will prepare them to initiate, organize, and support operational programs for early-aged children with exceptional educational needs (EEN).

-To work cooperatively with leadership representatives of the IHE, SEA, and LEA in developing approved teacher-training programs in the area of early childhood education/handicapped children.

-Prepare special and regular educators to develop an acceptable, official set of guidelines and certification standards for teachers and administrators in early childhood education/handicapped.

-To prepare regular and special educators, in utilization of paraprofessionals and aides in preschool programs for EEN children.

Objective 2: To ensure cooperative efforts between SEA, IHE, and LEA in development of improved, qualitative services for all severely handicapped children, aged 3-21 years, in the 436 local Wisconsin school districts and the Wisconsin IHE. Severely handicapped includes multihandicapped, seriously emotionally disturbed and autistic, and low incidence areas such as severely visually handicapped and deaf.

-Provide opportunities for improving manpower situations (number and type of personnel) in high priority areas of teaching the behaviorally disordered, severely and profoundly retarded, autistic, multiple/physically handicapped child (i.e. deaf-blind, ED-blind, MR-blind, ED-orthopedic), severely learning disabled.

-Develop training programs for special educators of the severely handicapped where those programs do not presently exist in the institutions of higher education (e.g. multiple/physically handicapped).

-To develop state standards for certification of teachers and administrators in the area of severely handicapped, or define such cross-categorical certification as will meet this need.

Table 1 - USOE/BEH/DPP funding priorities for programs under Title VI-D, EHA, P.L. 91-230.

Federal laws 93-380/94-142	BEH priorities	State laws	State Plan B Amendment	SEA priority activities: LEA needs	SEA priority activities: Title VI-D Advisory Committee
Full service (3-18 years) - regular and special education 9-1-78	Full service	Chapter 115	Full service	Inservice on: Funding restrictions - Uniformity of fiscal procedures	Policy statement (1975-77 biennial budget for Wisconsin)
Child find confidentiality 11-29-75	Child find regular education (in effect)	Chapter 115 - Serve child in regular class setting where appropriate	Child find (unserved) - Confidentiality	*Soft sign children -Identify -Assess -Program (inservice)	Concerned for: Involvement of other agencies -Cooperation between SEA, LEA, IHE
Severely handicapped 10/1/77	Severely handicapped (#1 for 1977-78)	Chapter 115-All children to receive equal education opportunity at public expense	Most severely handicapped	Request inservice training program in area of ED/behavioral impaired	-Identify -Define -Technical assistance in program development
Preschool programs 10-1-77	Early childhood education of handicapped (#4 for 1977-78)	-Chapter 115 -Serve children 3-5 years	Incentive grants	(Needs assessment; initiate program in preschool)	-Prepare for children 0-5 years -Continue development of LEA programs in early childhood
Individualized education program 10-1-77	Appropriate program and education	-Chapter 115 -each child will have individual assessment and program to fit individual needs	Individualized program plan-evaluation procedures	Request in-service workshops. Technical assistance	-Concern for developing IEP, and valid evaluation process/design
Least restrictive alternative (in effect)	LRA -Regular education -General special education (#2 for 1977-78)	Chapter 115- Appropriate placement and program	Least restrictive placement	*Request inservice on M-Team process program (LRA models)	-Ditto above -Suggest development of series of technical assistance conference/workshops
Due process (in effect)	Due process, hearings, etc.	Chapter 115- Appeal process for parents	Due process	Request inservice package of training process of hearings and hearing officers	Preparation of LEA staffs for good hearing performance (i.e. process)

*includes inter-professional communication between medical/educational agencies and personnel.

Objective 3: To provide for the continuous implementation of Wisconsin legislation, under Chapter 115.4, Wis. Stats., in those areas of general special education that have demonstrated a need for reinforcement, re-evaluation, supplementary and/or complementary services, modification or adjustment, and increased evaluation/monitoring components.

-Train regular and special educators, parents, and others, to recognize soft-sign handicapping conditions in all children 3-21 years for purposes of early-intervention and appropriate programming of these children. This includes consideration of noncategorical approaches to serving EEN children.

-Train regular and special educators in local school districts to be more knowledgeable, more proficient, and more qualitative in the identification, assessment, evaluation, prescription, and programming process for each individual EEN child (i.e. IEP and LRA).

-Improve the skills and knowledge of LEA regular and special educators and parents in the implementation of due-process for EEN children as relates to hearings, negotiation, and conciliation.

-Provide training for improving technical assistance services, to SEA/DHC special education staff, primarily to develop: coordination of federal programs; a uniform financial accounting system for accountability purposes in federal and state programs for handicapped; a continuous evaluation and monitoring design for special education programs; and a planned program of involvement and interforce with LEA's and IHE's in cooperative manpower planning in special education.

Table 2 - Projected program recommendations for the 1977-78 Title VI-D program application.

Identified issues	Hypothetical need	Data to test hypothetical need	Confirm or deny	Tentative allocation of Part - D Funds
1. Early childhood education/handicapped	a. Presently, no IHE approved programs in early education for handicapped.	-IHE approved program catalog -Report of Annual Plans of Service (LEA)	Yes	$15,000
2. Severely handicapped (especially BH) behavior impaired	a. Same as a, b, c, above. b. Numerous requests to assess and program suspended emotionally disturbed children. c. Inconsistent in defining behavioral and learning disability.	-Reports from LEA Annual Plans of Service -Numerous requests of SEA supervisors for LEA inservice	Yes	$25,000
3. General special education - as relates to: a. Identify and serve soft-sign handicaps - noncategorical models	1. Expressed need of LEA's especially in rural areas for noncategorical program approach and processing. 2. IHE's previewing present categorical training approach.	-LEA letters and -Institute evaluation responses -IHE questionnaire response	Yes	$45,000
b. Improving M-Team process 1. LRA 2. IEP development/ evaluation	1. LEA's letters and phone calls asking for technical assistance. 2. Poor M-Team reports coming into SEA. 3. Different interpretations exist in implementation of least restrictive alternative.	-Institute evaluation summaries -P.L. 94-142 mandates for IEP and inservice -LEA Annual Progress Report on implementation of Chapter 115		
c. Improving hearing process/due process (negotiation/conciliation)	1. Number of hearings requested. 2. LEA's technical assistance workshops. 3. Lack of adequately trained hearing officers.	-Number of Title VI-B projects in this area -Data in LEA Annual Plans of Service		
d. Plans of service narratives for program evaluation	1. Local directors of special education ask for review of program narrative in Annual Plans of Service. 2. Evaluation components in LEA programs weak.	-Data in LEA Annual Plans of Service -Number of phone calls and letters to SEA		
e. Technical assistance inservice training for SEA/DHC personnel	1. Lack of general knowledge of all federal programs and their implications on special education. 2. Need for developing coordinated and uniform financial accounting system. 3. Expressed need for developing continual evaluation and monitoring process. 4. Expressed need for more involvement and interface with LEA and IHE on cooperative manpower planning in special education.	-Reports of monthly staff meetings -Bulletins from DE/BEH -Reports from DPI fiscal office -Progress report on intrastate cooperative project		
4. Regular education a. Develop inservice packages serving handicapped in regular class settings b. Role, responsibility in M-Team, due process and LRA programming	a. Chapter 115 mandates LEA inservice for both regular and special education. b. Teachers requests for orientation and assistance for mainstreaming process. c. Numerous requests for teacher aides and use of paraprofessionals.	-Chapter 115 rules and regulations -Evaluation summaries from previous institutes -Summary Report of LEA Teacher Associations on implementation of Chapter 115	Yes	$35,000

-Develop comprehensive procedures in preparation of program narratives and corresponding evaluation component for LEA special education programs.

Objective 4: To provide for comprehensive in-service, programming, and technical assistance to regular educators and parents who are serving handicapped children in the local education agencies, and in implementation of mandates included in Chapter 115.4, Wis. Stats.

-Provide training opportunities for regular education teachers and administrators in the area of special education thru workshops, seminars, minicourses, and conferences.

-Develop series of technical assistance components for regular educators in areas of: mainstreaming; M-Team process; evaluation and assessment; LRA and IEP; and interdisciplinary cooperation and services.

-Develop opportunities for regular educators to review working-models of effective cooperative services for EEN by regular and special educators.

Also, to prepare simulation in-service packages for use by regular educators in LEA's.

Description of Proposed 1977-78 Project Activities

The Title VI-D Advisory Committee subsequently approved the following program of activities and budgetary expenditures for 1977-78:

First: The committee went on record as recommending that all traineeships be eliminated from consideration for funding in 1977-78. This is in keeping with the recommendations made by the USOE/BEH/DPP regarding the 1976-77 Title VI-D project, and also with the increased emphasis on in-service/outreach type activities as requested by local educational agencies.

Second: The high-priority areas defined for consideration were:

1. Early childhood education of the handicapped. 2. Vocational/career education of the handicapped (this includes physical education). 3. General special education: i.e., training of hearing officers and legal processes; M-Team process. 4. General education: i.e., the individual education plan.

Third: The total budget for the 1977-78 Title VI-D program would be allocated as follows:

Administration	38,755.00
Program activities	97,611.00
Total	136,366.00*

*It was felt that this amount, even though it exceeds the $135,000.00 originally indicated in the 3-year-plan of 1975-76, was justified in that the focus on outreach/inservice activities (i.e., institutes) should receive full support in order to fully accomplish the stated objectives.

Fourth: Stressed will be the basic premise of involvement, cooperation, and shared responsibilities for implementation of Title VI-D activities between the state education agency, institutions of higher education, and local education agencies.

The factors of current state-budget austerity, increased responsibility placed on the DHC as a result of the new legislation, and the resultant increased workload on the same number of state education staff also prompts the necessity for inter-agency involvement.

Proposed are five special study institutes, sponsored by DHC, 1977-78 Title VI-D funds, with the prime intention being the provision of in-service education on a state-wide basis, to both regular and special educators in local educational agencies. This effort would fulfill the mandate of required inservice education as contained in Chapter 115.01, Wis. Stats., and P.L. 94-142; and also respond to the documented need for such institutes from the local educational personnel themselves.

There is a need to carefully consider the time-line for conducting these special study institutes and the geographic areas they will encompass. Plans are to conduct the institutes in conjunction with the CASE (Council of Administrators in Special Education) region geographic areas and utilize the CASE and CESA personnel as co-directors and co-coordinators of the programs.

First priority will be the institute on the IEP, which will involve all 436 school districts in three CASE regional workshops with each workshop containing two 2-day sessions. Workshop/CASE region I will have its two sessions during August and September of 1977; Workshop/CASE region II will implement their two sessions in the months of October and November, 1977; and Workshop/CASE region III will complete its two sessions in January and February of 1978. The primary goal of this institute will be to train attendees on: (1) the components of an IEP; (2) the skills necessary to write IEP's based on proto-typic cases; (3) the development of liaison skills of working with a variety of educational staff members in the process of constructing and implementing an IEP; and (4) the ability to bring their knowledge back to their local agency and become a trainer-of-trainers.

Second will be the implementation of the institute on early childhood education/handicapped. Four 3-day workshops will formalize the continuity-pattern initiated in the 1976-77 early childhood education workshops. These workshops will be distributed to the central, mideastern, south eastern, and south western parts of the state. They will be conducted from June, 1977 to November, 1977, and involve approximately 120 regular and special educators in development of knowledge and skills in the areas of: newest techniques in serving early-aged EEN children; inter-agency planning; and language development.

The third institute to receive priority consideration will deal with the development of training programs for hearing officers in appeals cases, as per Chapter 115.01, Wis. Stats., provisions. This area was deemed to be of greatest

aggregate concern by parents, educators, and teacher-trainers and one which is intended to alleviate the present legal problems and constraints surrounding parent appeals on placement of their handicapped children in appropriate educational programs. Three hundred local education personnel: 75 directors of special education, 75 school district administrators, 75 school board members and/or school attorneys, and 75 parent advocates will meet in three 2-day workshops. These three workshops will be located in the northern, central, and southern geographic areas of the state and will be conducted during the months of July, August, and September, 1977. The primary purpose will be to train at least one person at the administrative level from each LEA or special education district in the procedures and processes involved with a due-process-hearing-appeal at the local level.

Fourth emphasis in institute priority will be on two institutes designed to in-service both regular and special educators in the area of vocational, career, and physical education for handicapped children. The institute in physical education and the exceptional child will bring together 40 physical educators and 10 special educators at each of two 2-day workshops. One workshop to be held in fall in the eastern part of the state and one to be conducted in the spring at a western state-site. The major goal to be attained by the attendees will be that they will be trained in the basic steps necessary to implement a physical education program for children with exceptional educational needs. These persons, then, will return to their local education agencies and serve as catalysts in developing similar in-service programs for other school districts in their CESA areas.

The second institute under this fourth emphasis is inservice model for the improvement of attitudes, knowledge and skills of special and vocational educators in vocational/career programming of EEN children. In January of 1978, 125 regular and special educators, parents, and special education administrators will meet at a centrally located site in the state for a period of 3 days. It is intended that the participants will develop and/or modify strategies for utilization in cooperative programming of EEN youngsters by vocational and special educators through the use of hands-on experiences with specialized materials and simulation activities.

Summary: proposed total project budget

1. Requested amount for third-year of 3-year state plan $136,366.00

2. Proposed program budget (1977-78)

   a. Direct *administration of total Title VI-D program..... 38,755.00

   b. Special study institutes (100% of available funds for program activities) 97,611.00

   Total budget..... $136,366.00

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* Administration includes 100% time for project administrator and it also acknowledges that he is integrally involved in program coordination, program participation and overall evaluation of special study institutes.

Table 3 - Proposed special study institutes for 1977-78 Title VI-D program.

	Title	Director (s)	Number of participants	Dates and/or location	Total budget
1.	The IEP-How to Live With It	James Despins-DHC Special Education Supervisors Representation from each CASE region	500	Region I-Aug/Sep, 1977 'II-Oct/Nov, 1977 'III-Jan/Feb, 1978 (Two 2-day workshops in each region)	$32,508.00
2.	Early Childhood Education of Handicapped Child	John Melcher-DHC Dr. David Franks-UW-W Clarence Bianco-Racine Alverna Robinson and Vern Smith-DHC	120	June to Nov, 1977 (1) Wausau (2) Racine (3) Sheboygan (4) Mt. Horeb	$28,080.00
3.	OYEZ, OYEZ; Developing Training Program for Hearing Officers	Dr. Phil Jones-DHC Dr. Ken Blessing-DHC Jim Despins-DHC Advisor: Signe H. Frank-DHC	300	Workshop I-July, 1977 'II-August, 1977 'III-September, 1977 (All 2-day workshops)	$19,490.00
4.	Physical Education and the Exceptional Child	Gordon Jensen-DPI Dick Trotta-DHC Dr. Lane Goodwin-UW-LaCrosse	100	(Two 2-day sessions) I-Fall, 1977 I-Spring, 1978	$5,508.00
5.	Inservice Model for the Improvement of Attitudes, Knowledge, and Skills of Special and Vocational Educators in Vocational/Career Programming for EEN Children	Ken McMahon-DHC Tom Stockton-DHC Andy Papineau-DHC	125	3 days January, 1978 Central site	$12,025.00

PROFILE

Le Roy Aserlind

Dr. Le Roy Aserlind is a man of many interesting qualities and traits. Born in Montana, he learned to fish and hunt at an early age. He is still a fishing enthusiast who ties his own flies and is an excellent marksman. He also rides a motorcycle during the summer and is a ski instructor during the winter. He lived in Montana until he was 17 and then joined the merchant marines. At one time, he was the captain of a private yacht.

He is married to Margot, a special education teacher, and has four children, three of whom are still at home.

Currently he is a professor in the Department of Studies in Behavioral Disabilities at the University of Wisconsin - Madison. This past year he stepped down as chairman of that department after serving 5 years. During the course of his career, he taught school in Idaho and California, was a speech therapist in Oregon and a speech and hearing consultant in Montana. Dr. Aserlind attended the University of Montana - Missoula, University of Oregon - Eugene, and the University of Wisconsin - Madison. One course that he is teaching at the UW-Madison is titled "The Exceptional Child" and has an enrollment of 250-275 students. This course includes for extra credit, several hours of volunteer service at an agency which deals with exceptional individuals. These agencies, for example, are MARC, Independent Living, Inc., Central Wisconsin Colony, Madison Opportunity Center, Red Cross Handicapped Swim Program, YWCA, and many others. Dr. Aserlind considers this to be one of the more important aspects of this course and a very important experience for the students. From what has been said above, it should be apparent that he is an interesting person. However, it is his personal qualities that make him exceptional. He is honest in his comments but avoids being blunt - he is dependable - he keeps his word - he is prompt for office appointments and for class - he gives freely of himself and his time - as an advisor, he has instant empathy and because he is well informed, he quickly resolves difficulties.

How Do We Find EEN Kids

By Thomas J. Stuckey
School Psychologist
CESA 14

It is the intent of the following article to acquaint readers with screening practices in CESA 14 school districts. Toward this end, a brief description of a comprehensive, economical screening methodology which is consistent with Chapter 115 requirements has been provided. An exhaustive enumeration of the antecedent events necessary to develop a screening system of the magnitude described is beyond the scope of this article. Readers are encouraged to contact the author of this article for additional information regarding the specific selection and implementation aspects of the screening activity described. It should be noted that additional validity data for the screening instrument utilized will be available shortly.

With the advent of Chapter 115, there has been a tremendous scramble among educators in search for a wide variety of procedures and methods to implement the mandated services for exceptional children. Although many Wisconsin school districts lack appropriate special education resources and facilities, exceptional educational programming has been required to be in full operation since July 1976. Consequently, many Wisconsin school districts have been faced with a need for rapid development of the educational resources and special education programs mandated by the legislation.

Among other things, one of the mandated activities of Chapter 115 includes the systematic screening for apparent or potential exceptional educational needs (EEN), of "each child when the child first enrolls in a public school in the school district" (115.80 (2), Wis. Stats.). Since screening activities must precede, and usually document the need for,

development of new programs, a precise and reliable screening procedure would seem to be an important consideration and necessary first step toward developing exceptional education programs required by Chapter 115. Additional consideration, when selecting a screening device or method, should be given to the economy of the screening costs and the ease and efficiency of administration.

An informal survey of existing screening procedures in use revealed that a wide variety of practices have been employed. Several characteristics, however, seem to be common to most widely used devices or methods at the present time. Many devices assess only one major characteristic, skill, or exceptionality, while other devices, intended to be more global, require the investment of a great deal of time by professionals, paraprofessionals, etc. Furthermore, much of the information derived from these devices is suspect since many have been hastily formulated, poorly validated, and rely heavily on small, limited samples of a student's skills in an extremely unrepresentative testing situation. Additional limitations include a restricted suitable age or grade range, a relatively high per student cost (usually $2.00 per student or more), and complicated scheduling and administration activities necessary to adequately implement many screening procedures.

CESA 14, which encompasses 31 rural school districts in southwest Wisconsin, has completed a screening procedure which may prove to be a viable model for rural and urban school districts. After careful consideration of numerous screening formats, the FKSN-Finding Kids with Special Needs (Chappell, 1973) was selected as the device utilized in this screening project. As part of this project, which was conducted during the 1974-75 school year, the CESA 14 staff in conjunction with 30 local school districts screened 26,237 K-12 students for potential exceptional educational needs.

The FKSN device consists of a series of behavioral descriptors (vignettes) of characteristics typically displayed by students with various EEN's. Vignettes are provided to describe visual and hearing impairments, mental retardation, learning disabilities, and emotional, motor, speech, reading, and math handicaps. In practice, the FKSN capitalizes on the knowledge of student behavior and the well-developed observation skills of the classroom teacher. The teacher simply scans the vignettes and lists the names of all students in the classroom showing evidence of any of the behaviors described. Students do not have to be present during screening and the entire classroom of 30 students can easily be screened in approximately 25-30 minutes.

Screening materials were disseminated to the local districts' coordinators by the CESA 14 staff. Each district's coordinator distributed the device to the local teaching staff and explained the use and handling of materials. All response sheets were returned to CESA 14 approximately 4 weeks after distribution and were subsequently shipped to the publisher. Screening information contained on the response sheets was coded by the publisher (to assure confidentiality of students' names), was computer analyzed, and a computer printout returned to CESA 14 within 3 weeks. The gross cost to each district for screening more than 26,000 students was 26¢ per student, while the net cost following state reimbursement for K-2 expenditures amounted to slightly more than 22¢ per student.

A total of 4,356 students, or 16.6% of the total screened, was identified in the 30 school districts as having potential EEN. It is anticipated that a portion of these students may actually have special education needs (SEN), while the remainder reflects the number of students with actual exceptional educational needs. Ultimately, the results of multidisciplinary teams (M-teams) evaluations and decisions will yield a final CESA 14 incidence figure. It should be noted, however, that based on current incidence figures, only 10% of the students screened would be expected to exhibit EEN.

In a validation survey, local school psychologists were asked to review available diagnostic information and cumulative files for a sample of the students screened. Based on the information reviewed, each psychologist was asked to make a judgment regarding the probable existence of EEN for each child. Judgments were not made in those cases where sufficient information was not available. This survey of local school district staff indicated that the FKSN results concurred with professional judgment of the existence of a potential EEN for 96% of the students identified in the screening procedure (Stuckey, 1975). Similarly, another worker reports correlations ranging from .66 to .97, when FKSN results were compared with professional diagnoses (Chappell, 1974).

In short, the FKSN device and the screening procedure utilized in CESA 14 seemed to fulfill the urgent need for effective and economic screening methods. The FKSN appears to fulfill the following screening requirements:

1. Screens all kids (pre-K - 12).
2. Provides comprehensive profile of each child's potential needs.
3. Requires little teacher time.
4. Frees specialists to do more than just test.
5. Does not require teacher to label students.
6. Does not rely on referral lists or national incidence figures but on actual school population.
7. Provides format which is inexpensive to administer, analyze, and report.
8. Identifies accurately but does not constitute a diagnosis (done through specialist follow-up).
9. Screens large numbers of kids without disruption of classroom.

10. Reports results which are easy to interpret and relate directly to planning and budgeting.

11. Yields profile consistent with existing EEN categories.

12. Supplies results which are easily updated.

13. Allows for adding new students and follow-up of subsequently diagnosed students.

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A Prospective on Exceptional Children- Focus on Mental Retardation and Learning Disabilities

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Since the enactment of Chapter 115 in Wisconsin, many new programs and services have been developed and implemented for all children with exceptional educational needs (EEN). Current figures made available through the *Bureau Memorandum* from the Division for Handicapped Children (DHC) of the Department of Public Instruction (DPI) indicate that through the 1975-76 school year 80% of estimated incidence of 100,852 are being served (80% of 100,852 @ 10.7% = 81,834). In addition, 1,264 3-5 year olds are being served in early childhood - generic programs of estimated incidence of 10,240 at 5% incidence. And, 91.1% of actually identified EEN's are being served in 1975-76.

The relationship between children who are educably mentally retarded and those children who are learning disabled represents a variety of interesting analogies. There are many similarities and differences in their education. The DPI provides a 2% estimate of children who have learning disability (LD) and a 2% estimate of children who are educably mentally retarded (EMR). When one looks at the number of classes implemented and children served since Chapter 115 was enacted, the trend appears to be quite significant: Statistics in the area of programs for the educable mentally retarded indicate that through the 1972-73 school year there were 1,194 classes in Wisconsin. The 1973-74 school year indicates that the number of classes increased to 1,251, 1,269 in 1974-75, and through the 1975-76 school year the number of classes increased to 1,284. The number of EMR children provided services per year increased from 14,742 in the 1972-73 school year to 15,373 in 1975-76. When one looks at the area of programs for the learning disabled, in 1972-73 there were 158 classes in Wisconsin which increased to 1,055 in 1975-76. The number of children with learning disabilities served per year is as follows: 1972-73—1,750; 1973-74—3,248; 5,780 in 1974-75; and, in 1975-76, the number of children rose to 11,811.

The growth index for the increase in classes for the educable mentally retarded finds that there were 90 new classes added from the 1972-73 school year through the 1975-76 school year. In the area of learning disabilities, there were 897 classes added since the 1972-73 school year through the 1975-76 school year. In 1975-76, there was an average of 12.2 educable mentally retarded children being served in each program type and 10.8 learning disabled children per program type. These figures for both the educable mentally retarded and the learning disabled children are significant growth factors in the overall review of Wisconsin's programs serving children with EEN.

Similarities

There are many similarities found in the education of the mentally retarded child and the learning disabled child. Many (EEN) conditions found in LD and MR children are similarly determined through standardized intellectual measurements. Most commonly found in the area of developing EEN classification systems is the administration of both the Wechsler Intelligence Test and the Stanford-Binet Intelligence Test. Both of these tests are used in a

majority of cases that lead to the classification of children who are educable mentally retarded or are learning disabled.

Least restrictive programming is critical for both LD and MR children. Most important in this regard is the development of activities that allow MR and LD children to blend with their chronological and maturational aged peers for purposes of preventing added emotional and social adjustment strains which are encouraged by prolonged segregation and self-containment. It is believed that a program with appropriate opportunity for social and academic peer interaction will assist to prevent additional social and emotional adjustment strains. There is a great need to orient teachers of the MR child and the LD child to deal with categories of behavior and achievement and not categories of children. A similar need exists for both of these program areas to deal with quantifiable and observable behaviors of the children which they are serving and not developing a teaching approach that further categorizes children without regard to specific behaviors. This similarity can be found among all exceptional children but is being emphasized here to clearly indicate that it should specifically be taken into consideration with both the educable mentally retarded and the learning disabled.

A common trend in both the MR and the LD areas is to develop procedures ensuring early identification and subsequent intervention for children. Numerous states have the mandatory provision of program services to all children with EEN. Many states permit intervention to occur from birth forward. Financial benefits and humanistic encouragement is abound to support early identification and intervention attempts which will assist to eradicate many pre-existing handicapping conditions, as well as, to diminish the severity of those handicapped conditions that have been identified.

Functional evaluation which is linked directly to strategies for both MR and LD children must be developed in accordance to individualized needs. Unless teaching strategies are developed to attain most efficiently those goals established to meet the child's need (s) there isn't any means whereby an accurate judgement can be made for determining whether or not a child is progressing at an appropriate rate. It is vitally important to directly link teaching strategy to the objectives developed for each child with simultaneous assignment of an evaluation methodology focusing on the relationship between teaching strategy and gains being made by the child. Such an evaluation system would enable us to gather data indicating the types of gains made by each child over systematic time frames. This type of child study procedure would enable us to make statements about the type of individualized instructional program that is best fitted to meet the child's needs.

An additional similarity has to do with labeling. Both MR and LD children are labeled. Based upon society's demand, as well as fiscal reality, there apparently is a need to justify individualized programs for children by creating labels or categories which, from a very simplistic point of view, are reputed to represent some key to the appropriate education of the individuals who are labeled. Both the LD and MR connotations carry stigmatizing connotations. However, the reality aspect of the labeling situation is that through the Wisconsin Department of Public Instruction activities dollars are linked directly to the number of children who are labeled and are being provided specific services based upon those labels. Many current discussions revolving within state legislatures have to do with the elimination of categorical aid to public school districts. This is a severe crises situation in that if categorical aids are eliminated (categorical aids means those aids that are provided to a district based upon the number of children who are labeled), it will be extremely difficult to continue providing specialized educational services for all children who have EEN. Although the label carries with it social stigma and a self-fulfilling connotation of frustration and nonlearning, this factor has to be weighed against the reality of the fiscal picture. The fiscal picture in the past has been dependent upon the development of monies generated in accordance to the number of individuals that are found with very specific labels.

Differences

There are a number of differences between MR and LD children. When dealing with MR and LD children, the area of IQ (intellectual quotient) systematically comes up. As we look at the MR child, specifically the educable mentally retarded child, we find that the range of IQ most commonly associated with this grouping is found to range from about 55 to 84 (Heber, 1959). When one looks at the LD child in contrast to the MR child, we find that in order to qualify as a LD child, the child must be of near average IQ or above average intelligence, the midpoint average being 100 (McCarthy and McCarthy, 1969).

The second area of difference has to do with a thought on the topic of reversibility. Reversibility in this case pertains to the possibility of the LD or MR condition being eliminated or reversed. The common thought is that once labeled, the MR child will not outgrow or be remediated from that condition. The MR label carries with it a connotation of permanency. Whereas, a current interpretation of the LD label carries with it a temporary or removable connotation. A learning disability appears to be the type of a condition that if given an appropriate focus through some retraining or teaching avenue the learning problem can be eradicated or circumvented. The after effect of having been labeled as LD is currently viewed as minimal and once the child has been programmed back into the regular program (no longer receiving specialized educational services), the label of LD usually has relatively little meaning.

Some controversy exists over the subjects of incidence and prevalence. At the present time, the current standard of expected educable mentally retarded incidence among school age children ranges anywhere from 2 to 4% of a school district's population. The range is quite firm and most indications are that it is very accurate. In contrast, the LD connotation has a tendency to vary depending upon the criteria of definition. In Wisconsin, the expected population estimate of LD has been approximated at 2% of the school-age population. However, this rate does vary from state to

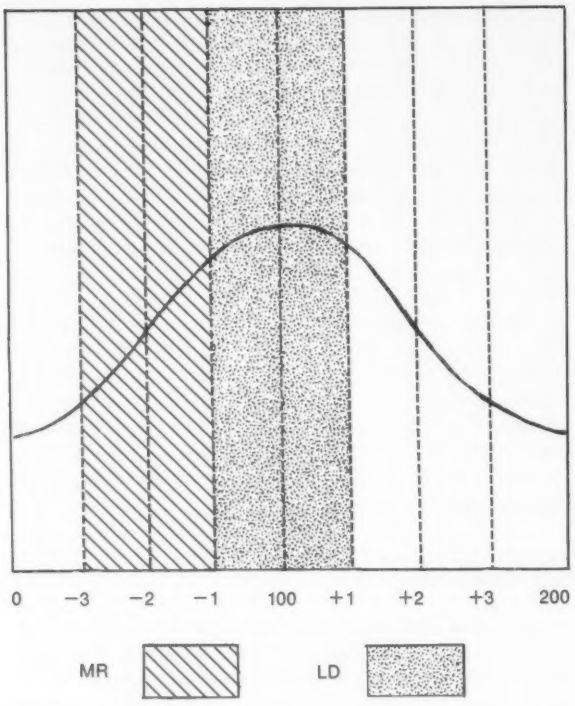

Figure 1 - Curve expectations for intellectual and maturational development for LD and MR children.

state and some of the reason could be due to the way in which each state decides to define similar learning problems. There does exist nationally much variance in terminology as the following examples indicate: special learning and behavior problems (SLBP-Minnesota); learning disabilities (LD-Delaware and Wisconsin); educational handicapped (EH-California); specific learning disabilities (SLD-Florida); extreme learning problems (ELP-Oregon); communicative and intellectual deviations (CID-West Virginia); neurological handicapped (NH-Connecticut, Nevada, and Oklahoma); perceptually handicapped (PH-Colorado, Indiana, New Jersey, and Washington); brain damage (BD-Pennsylvania). As connoted by the variety of terms used, there has been little uniformity from discipline to discipline or from state to state regarding any commonality upon which a definition of learning disabled child could be based.

Normal curve expectations reflect a fairly objective picture for comparison purposes. As a normal curve is viewed (a normal curve being defined with a mid-point average of 100) in the areas of intellectual and maturational development, most MR children will fall to the left of the mid-point or from 2 to 3 standard deviations below the average. In contrast, the LD would fall from 1 standard deviation below the mid-point to 1 standard deviation above the mid-point. However, academic achievement illustrates a little different pattern for the LD child, in that they may fall from 2 to 3 standard deviations below the average in those areas of their specific learning disabilities.

Labels, Drugs, and False Hope Merchants

In light of previous information about the similarities and differences found between and among these children with EEN, a number of essential questions need to be asked for purposes of determining what consideration should be given to develop each child's program. Should we label each child as learning disabled or mentally retarded? If we must use labels as indicated by the current interpretation of Chapter 115, then use those which describe specific behaviors, abilities, or disabilities to be remediated or changed. A label tells nothing about what intervention is to be prescribed given a specific diagnosis or set of circumstances. A valid attempt must be made to avoid using the label that generalizes to total population characteristics. Labels describing events, activities, or behaviors which permit one to focus upon specific prescriptions and instructional methodologies provide for a more meaningful child-oriented program (Sommers, 1976).

Often times a question is brought up which focuses upon the utilization of drugs or medication as a part of the program for the learning disabled and mentally retarded child. Drugs are not warranted for most LD or MR program situations. In addition, evidence that indicates that the utilization of drugs has increased a child's ability to learn has not been collected to date. Medication does not improve the ability to learn, instead it alters physiological mechanisms that permit the child to attend to instructional tasks more appropriately which produce the learning. Drugs are not warranted prior to the implementation of an EEN program nor are they warranted prior to the implementation of a behavior modification program that is being suggested for a child.

The use of medications is not a simple solution to a very complex problem. Too often once medication has been prescribed and/or medical intervention has been initiated, all other aspects of the child's program are forgotten or are placed in secondary fashion to the fact that a basic failure in the learning (education) domain has been determined. In many cases, the entire instructional approach is forgotten or is set aside with the belief that drug administration and medical intervention will resolve all problems. This is an equivocal position to take in that the medication and subsequent medical intervention has no affiliation to the act of learning itself other than providing the physiological systems of the child with an opportunity to become more accommodating and adaptable to a learning situation. Medical service is secondary to the child's EEN and should be viewed as another supportive service in the total programming effort. In this regard, most appropriate educational progress will occur through the development and implementation of a plan complete with teaching strategies and objectives that will lead to the specific remediation of a child's EEN.

Are you expecting to find an immediate and mechanical solution to the problem of assisting children with EEN to attain their fullest possible potential? If so, beware of false hope merchants! There are many false hope merchants in the market of trying to provide gimmicks which are pro-

posed to lead to quick solutions to a child's MR or LD conditions. These false hope merchants are trying to sell various apparatuses that are supposedly immediate solutions to very complex and difficult problems. For example, many different approaches to the remediation of reading difficulties have been suggested. Some of these include perceptual motor training programs to improve eye-hand coordination, programs that involve a child in ocular-motor pursuits whereby the eye and its muscles are strengthened to better focus and concentrate on reading materials, and even the prescription of eyeglasses have been purported to improve the ability to read. These designated programs and apparatuses may assist a child to have better eye-hand coordination or strengthen the eyes ocular pursuit abilities; and, eyeglasses may allow a child to better see what he/she is looking at. However, the fact remains that none of these alternatives improve a child's ability to read.

If you are interested in improving reading or any other specific act of learning—then teach activities and provide experiences that are linked directly to the act of reading or to the area of learning which will be improved with specific instruction. The analogy illustrated in this example that relates to reading is an analogy to be related to any area of programming (remediation and training) for MR or LD children. Forget about gimmicks and quick solutions to these very complex problems—teaching and the improvement of learning are related to specifically defined learning tasks, which to accomplish require sound judgement and action initiated through well planned and implemented educational programs.

Conclusion

Significant growth in the development and implementation of programs has occurred for children with learning disabilities and those who are mentally retarded since the enactment of Chapter 115. Specifically, 90 new classes have been initiated for the educable mentally retarded and in the area of learning disabilities, 897 new classes have been added. In total, 10,692 children have been provided new services in these areas from the 1972-73 school year through 1975-76. Although these children are classifiable into the broad area of exceptional education which includes many more children receiving specialized services, there are identifiable similarities and differences between and among learning disabilities and mental retardation that may be helpful when considering an individual child's program.

Similar intellectual assessment techniques are used, least restrictive alternatives include common options for both classifications, and the emphasis on programming includes the development of individual plans emanating from an analysis of categories of behaviors and achievement and not categories of children. Early identification and subsequent intervention is stressed and functional evaluation which is linked directly to teaching strategies is developed in accordance to individual child needs for assessment purposes. Both classifications are confronted with the fact of labelling. Although it is common knowledge that some form of categorization has been necessitated by our state legislature for the determination of special state aids to public school districts, the fact remains that labels serve no further useful purpose than for expediting the reclamation of finances. Much caution is to be exercised when developing labels—if the labelling requirements must remain as the current interpretation of Chapter 115 indicates, then it is incumbent upon all who are responsible for exceptional children to derive a procedure separating the child and the label for actual in-the-class experiences, yet still being able to administratively account for each child for state aid purposes.

Certain differences do exist between children with learning disabilities and mental retardation. Through intellectual and maturational assessment as viewed in relation to normal curve expectations, the variance of scores or attainment points between and among groups is significant with learning disabled children attaining within the average range and the distribution of scores for the educable mentally retarded clustering from 2 to 3 standard deviations below average. When focus is on the permanency of the condition, a contemporary belief is that the learning disability condition can be eliminated, or reversed, or circumvented, whereas, the condition of mental retardation appears to have a long-term connotation of irreversibleness.

By definition, mental retardation seems to have a standard level of acceptance. Contrawise, an analysis of definitions for learning disability finds that a variety of terms and criteria are utilized. In fact a recent review of 15 states found that nine different combinations of terms were used to describe children with learning problems severe enough to be classifiable within exceptional education as a "learning disability."

The progress each child makes whether he/she is mentally retarded or learning disabled will be highly dependent upon how well exceptional educators, psychologists, physicians, and administrators are able to guide the emphasis of their particular service into each child's program. There are no short-cut solutions leading to long term success for children who are mentally retarded or learning disabled. The utilization of medications, the application of physical appliances i.e. braces, eyeglasses, etc. or the use of various training-modification activities i.e. perceptual motor, biofeedback, etc. are but of a support nature to the overall goal of instruction which actualizes the fullest possible learning potential for each child.

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District Court Invokes Section 504

In a civil proceeding challenging the refusal of a public school to admit a mildly physically handicapped child in regular public first grade, a district court judge has decreed that the school's action is illegal and must stop. In his order of January 14, 1976, Judge K. K. Hall ruled in favor of the plaintiffs in *Hairston v. Drosick, et al,* a class action right-to-education suit brought against the McDowell County, West Virginia school system.

The complaint charged that the child's condition, spina bifida, has left her with a minor physical impairment which includes incontinence of the bowels and a noticeable limp. A medical examination by a specialist midway in the previous school year found no physical reason why the child should not attend school. In fact, the recommendation was made that the child should be permitted to attend public school.

Despite the mild nature of the child's handicapping condition, her mother received a telephone call from the teacher in whose class the child was to be placed in early September 1975. Allegedly the teacher told the mother that the child would not be accepted in her class. Later, after a personal discussion between school authorities and the parents, the school offered to accept the child if her mother agreed to come to school two or three times a day to attend to the child's needs. At no time did the parents receive written notice of the decision that had been made, or were they notified of their right to due process procedural safeguards. The plaintiffs charged that this constituted discrimination against the child, as well as a violation of their constitutional right to due process of law.

The defendants did not dispute the fact that the child is mentally competent to attend school, nor did they deny advancing the alternative proposition to the mother. They do, however, contend that at the beginning of the school year the child's parents had been offered three alternatives:

1) The child could attend the regular program if the mother agreed to attend to her needs at least two or three times a day.
2) Homebound instruction could be provided.
3) The child could attend a residential school and be placed in a class for physically handicapped children.

They contend that these alternatives constitute neither denial of educational rights nor discrimination.

After listening to the arguments, Judge Hall made these findings of fact:

1) Although handicapped, the plaintiff is clearly physically able to attend school in a regular public classroom.
2) It was clear to the defendants all along that it was impossible for the child's mother to be in school two or three times every day. ". . . even if the mother's presence were circumstantially possible, the right of a child to attend school cannot be legally conditioned upon the mother's presence at the school."
3) "A child's chance in this society is through the educational process . . . It is therefore imperative that every child receive an education with his or her peers insofar as it is at all possible."
4) "It is an educational fact that the maximum benefits to a child are received by placement in as normal (an) environment as possible."

The court concluded that the attempted exclusion of the plaintiff was a violation of Public Law 93-112, The Rehabilitation Act of 1973 (Section 504), which prescribes discrimination against handicapped individuals in any program receiving federal funds. The Court found no compelling educational justification for excluding the child.

The court further found that excluding the child without providing prior written notice and accompanying procedural safeguards, including the opportunity to be heard, is contrary to the 14th Amendment.

Judge Hall ordered that the child be placed immediately in the public school program, and that any future attempt to exclude her be based upon a legally justifiable reason and be conducted in a manner in accord with the mandates of due process of law.

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